

The Sandwell Community Caring Trust

Abberley House

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

Abberley House is registered to provide respite accommodation for up to nine adults with learning disabilities who require temporary accommodation and personal care. At the time of our inspection two people were using the service overnight and two people were using a day centre facility. Our inspection was unannounced and took place on 7th January 2016. The service was last inspected on the 13 May 2013 where it met all of the standards.

The manager was registered with us as is required by law. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they were kept safe.

People received medicines appropriately.

We observed there were a suitable amount of staff on duty with the skills, experience and training in order to meet people's needs. Relatives told us that they were able to raise any concerns they had and felt confident they would be acted upon.

People's ability to make important decisions was considered in line with the requirements of the Mental Capacity Act 2005. Staff interacted with people in a positive manner and used a variety of communication methods to establish their consent and/or understanding.

People were supported to take food and drinks in sufficient quantities to prevent malnutrition and dehydration. People's health needs were met.

Staff maintained people's privacy and dignity whilst encouraging them to remain as independent as possible.

People and their relatives were involved in the planning of care and staff delivered care in line with what was considered to be people's preferences and wishes.

The complaints procedure had been given to people and their relatives in a clear and understandable way.

People, their relatives and staff spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Systems for updating and reviewing risk assessments and care plans to reflect people's level of support needs and any potential related risks were effective.

Quality assurance audits were undertaken regularly by the provider.

There had been no instances where notifications were required to be sent to us, but systems were in place to do so if required.

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.

Suitable numbers of staff were on duty with the skills, experience and training in order to meet people's needs.

Medicines were administered safely.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Is the service effective?

Good 

The service was effective.

Staff had the appropriate level of knowledge and skills to meet people's individual needs.

Staff had a good understanding of MCA and DoLS.

People were supported to access healthcare and their nutritional and hydration needs were met.

Is the service caring?

Good 

The service was caring.

Staff knew people well and interacted with them in a kind and compassionate manner.

Information about the service was available for people and relatives.

We observed that people's privacy and dignity was respected

Is the service responsive?

Good 

The service was responsive.

People and their relatives were involved in the planning of care.

Staff were aware of people's likes, dislikes and abilities.

People and their relatives told us they knew how to make a complaint and felt confident that the registered manager would deal with any issues raised.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke positively about the approachable nature of the registered manager.

The registered manager carried out quality assurance checks regularly in order to develop the service.

Abberley House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 07 January 2016 and was unannounced. The inspection was carried out by one Inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are details that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury. We liaised with the Local Authority Commissioning team to identify areas we may wish to focus upon in the planning of this inspection.

We spoke with one person who uses the service, two relatives, three care staff members, the deputy manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to four people by reviewing their care records. We reviewed three staff recruitment and/or disciplinary records, the staff training matrix, three medication records and a variety of quality assurance audits.

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.

Is the service safe?

Our findings

We were told that people felt safe, with one person saying, "I love it here, I feel safe and looked after". A relative told us, "They always keep [person's name] safe we have no worries". Another relative told us, "I can go away on my holidays and not have one worry about [person's name] being kept safe. She is as safe here as she is at home". A staff member told us, "People are kept very safe here. We read care plans before giving care and familiarise ourselves with people, so we know what people need".

We saw that risks posed to people had been identified by staff and that detailed risk assessments were in place. Risk assessments included falls and mobility and personal needs and we saw that each risk assessment was focussed on the best interest of the person. Relatives told us that they had been included in the writing of risk assessments and that their opinions had been sought. Staff were able to explain to us specific risks related to people using the service.

Staff told us that they understood the procedure to follow in the event of an emergency and that they would call 999 should any significant incident occur. They said that they would inform the registered manager or a senior member of staff if a problem arose that could be dealt with without the help of professionals. A member of staff told us, "We have a fire evacuation plan that we are all familiar with and we would get people out in the appropriate way to make them safe, the emergency services can deal with fighting the fire, we just get people out".

We saw that accidents and incidents were recorded appropriately. Two incidents had been reported to the local authority and not us, but upon discussions with the registered manager we were informed that the incidents had happened at the person's home and not whilst they were at Abberley House. The registered manager was following up information she had been given and felt that the safeguarding team should be involved out in the community when the person returned home.

Staff told us that they had been trained in safeguarding and one member of staff told us, "I received training and it really informed me. It made me think about the signs that people would display if they were being mistreated. I feel that I would be able to see any concerns and I would report them to my manager and she would report it on to the local authority".

We saw that a sufficient number of staff were working and one person told us, "There are lots of staff around and they have always got time for me". A relative told us, "There are always enough staff members for [person's name]. She has a one to one staff ratio and there is always a named member of staff for her". A staff member told us, "Our staff numbers are great and we have a really low staff turnover, people like to work here".

A staff member told us, "My recruitment was done correctly, I wasn't allowed to start until all of the checks were back". We looked at staff recruitment records and saw that all staff had references taken and that their identity had been checked before they were employed. Prior to employment all staff also undertook checks with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had

a criminal record or had been barred from working with adults due to abuse or other concern.

We saw that medication was given correctly and one person told us, "I get my medicine when I should, there is never a problem". A staff member told us, "Meds get booked in by two people and then we match them up to see how many have been carried over and the amount we have. We sign and check everything given". The registered manager told us, "We often have medicines come in with people, which are out of date. We refuse to give these and contact the GP for an immediate replacement and advice and then we discuss further with family members". We saw that all medicines given had been signed for. Medication administration records were developed with people in mind and there was a photograph of the person on each one. Where people required medicines "as and when" a PRN protocol was in place and staff were aware of when these medicines should be given. We saw that medicines were stored appropriately and that they were given to the person or family members on their return home following respite.

Is the service effective?

Our findings

A relative told us, "Staff really know what they are doing, they are so knowledgeable and it is easy to see how dedicated they are". A staff member said, "I genuinely like working here, the staff team are very skilled and help each other out and we have some great people who come to stay who make our job a pleasure".

Staff told us that they had received a detailed induction when they began their job with one staff member saying, "When I started I had support at every step and I never felt that I was any bother asking questions". Another member of staff said, "I was encouraged to learn everything during my induction. I read all the policies and procedures, people's care plans and I was trained on how to use the computer. I was also trained in giving medicines and the support I had was great".

We were told that staff had completed mandatory training and that they found the training helpful and informative. A staff member told us, "We go on whatever training needs updating and we can also choose extra training". Another staff member said, "I always enjoy the training here, I get a lot of information from the courses".

We saw that staff received regular supervision and one staff member told us, "My supervision is with the deputy manager every two months, but we have rolling supervision where you can talk to management at any time". Another staff member told us, "Supervision is an opportunity for me to discuss anything with my manager, any concerns I have are talked through and I can learn from her experience". We saw that staff received an annual appraisal.

A staff member told us, "We ensure that we do everything in people's best interests and that they are only restricted in what they can do if it might lead to them coming to harm". We saw that staff had a very good knowledge on the Mental Capacity Act and Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The Deprivation of Liberty Safeguards (DoLS) set out that people can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We saw that the registered manager had sent in seven applications for DoLS, however these had been rejected by the local authority, as they stated that they were unable to agree DoLS were people used the service on an ad-hoc basis. We saw that the registered manager had done all that was required in the situation.

We saw that people were asked for their consent before staff carried out any actions. One person told us, "They always ask if I need help and never just do it". A staff member told us, "Only a few people can give consent, so we have agreements in place in the care plan and we all know what these are, for instance where we use bed rails, there was been a best interest discussion". We saw a staff member asking a person at lunchtime if they wanted to wear a clothes protector, when they didn't want to staff fully respected their decision.

One person told us, "I like the food here it is really good". We observed a lunchtime routine and saw that people received different meals related to their personal preference. It was explained to each person that they had requested the meal earlier and staff checked that they were still happy with what they had been given. People were given a healthy meal of meat and vegetables, but one person chose to have a sandwich. Staff shared the cooking duties and we saw that they understood people's dietary needs well and were aware of any specific needs. People received drinks throughout the day. A staff member told us, "I try to vary the drinks given, so that people are not just drinking tea all day, but they can have juice or squash or something fruity if they want".

A person told us, "If I feel poorly, I see the doctor". A relative told us, "If [person's name] needed to see the doctor they [staff] would arrange it, they have done so before". We saw records that detailed people's individual health needs, which gave information on how to maintain their health.

We saw that people were supported to maintain their health and wellbeing whilst they were staying for respite. Where people required a peg feeding tube there was a written regime in place and the registered manager held discussions with people, their relatives and medical professionals to ensure that they received the best care possible.

Is the service caring?

Our findings

We were told that staff were caring and that they had developed positive relationships with people staying at the home. One person told us, "I like the people who work here". A relative told us, "[person's name] is well looked after this is the best place that she has ever been, they always look after her". Another relative said, "The staff are kind, I can't think of one that isn't. I was never fully happy with the other places that she has been to, but here they do nothing but care". A staff member told us, "We have great relationships with people and their families, we want them to enjoy coming here and I think that they do". We saw that staff displayed warmth towards people and considered their feelings. We observed a staff member sensitively asking people if they would like to use the bathroom out of ear shot of the others around them. People were also given time and not rushed and this was evident when people returned from an afternoon out and they did not want to immediately remove their coats.

We saw that staff communicated with people effectively. Where people were unable to verbally communicate staff used gestures and body language to interact with people. A staff member told us, "We know people well and can usually understand what they want. We give them as much time as possible to understand us".

One person told us, "I can go to bed when I want to and I can choose what I want to wear, it is always up to me". A relative told us, "[person's name] would find it hard to make important decisions about her life, but staff still encourage her to make basic choices as far as possible". A staff member told us, "We will always offer people a choice, wherever we can".

We saw that people were encouraged to be independent whenever it was appropriate and one person told us, "They encourage me to do things for myself". A relative told us, "[person's name] really can't be independent, but they [staff] will still try and encourage her to feed herself, choose a game to play or sit where she likes". A staff member told us, "Some people don't like going outside, but we encourage them to go for little walks to get some fresh air, as family like them to get exercise".

We saw that staff observed people's privacy and dignity, with a relative telling us, "They keep her dignity, even though she has no sense of it herself. They never think it doesn't matter, just because she can't understand". A staff member told us, "We do personal care in the bedroom make sure that nobody is walking in and out". Another member of staff said, "I think about the little things and try to give people dignity by empowering them, taking a cup into the kitchen rather than being sat on a chair all day gives someone the dignity of doing it for themselves".

Relatives told us that they were welcome to visit at any time. One relative told us, "We are always welcome here they know us well and open their arms to us". Another relative said, "There is an open door policy for relatives". The registered manager told us, "Obviously as this is a service to offer people respite, we encourage families to trust us with the care of their loved ones and have a break themselves, but if they want to pop in, then they are welcome at any time".

Data protection was in place and we saw that people's confidentiality was kept, with files kept securely and people's initials used in discussions.

Is the service responsive?

Our findings

One person told us that they had been able to be part of their care plan and told us, "They asked me what I wanted". Relatives told us that they had been included in people's care plans where people had not been able to fully participate. One relative told us, "[person's name] is not able to be part of her care plan but I have been involved since the start and all areas where she cannot consent have been recorded in the plan and agreed". Another relative told us, "We have been involved in the care planning since day one and still are now". A staff member told us, "We include people as much as we can, as it's their plan". We observed that staff had a good level of knowledge regarding people's needs and that they were aware of their preferences.

One person told us, "They do things I like here" and we saw people happily sitting on the floor in their chosen position, looking very comfortable, with staff close by. Others were completing a jigsaw and enjoying the music playing in the background. A relative told us, "They do lots of activities and [person's name] likes to go out every day. They take her out for meals, shopping to the supermarket and they went to Southport for the weekend recently. She is always doing things". Another relative told us, "They take them for haircuts, which really helps, as it is such a stressful thing". A staff member told us, "In an ideal world I would like to see more people going out into the community, but many outright refuse and that is up to them. We try to make things fun for those who don't want to go out". Another member of staff said, "It can be difficult to keep finding new things for people to do especially something they all like, but we put our heads together and we make sure that we don't leave anybody out, some of the ladies like visits to cafes and the men like the football".

We saw that people staying at the home had developed friendships with each other and that spending time together was something that they enjoyed. One relative shared with us, "The carers noticed straight away that [person's name] and [person's name] had forged a friendship and they have helped it along, by taking them out places together as they know how much they enjoy each other's company"

We saw that the complaints procedure was set out in a simple and easy to understand format and a relative told us, "We have been given the complaints procedure, but have no complaints to make". A second relative told us, "I have no complaints. Minor issues are sorted right away. I have never been frightened to tell them about anything". We saw that any complaints received were filed for future reference and that they had been responded to. Learning was taken from complaints with an example being that where someone found it difficult to use the bath, they are now given the option to have a shower. Staff told us that they knew people well enough to know when their behaviour meant they were unhappy. One staff member told us, "Everybody who comes here can say no in one form or another".

Relatives told us that they were given the opportunity to provide feedback regarding the service that their family members had received. One relative told us, "We get questionnaires through the post and send them back to say that we are happy with the service". We saw that questionnaires for people who use the service were set out in an easily understandable pictorial format and that they were sent to people every six months. 19 surveys were returned following the last mailings and all were positive.

Is the service well-led?

Our findings

People told us that they felt that the service was developed around them with one person telling us, "Staff would listen if I wasn't happy, they want us to be happy". A relative told us, "I can speak to any member of staff or the manager when I want to, they are all approachable". A staff member told us, "This place is well led and the management is effective and open".

Staff members told us that whistle-blowing was supported. One staff member said, "We know how to whistle-blow and we would be supported if we had to contact the local authority or CQC. Another staff member told us, "If I have a concern and if I am not happy with the response at one level, I will go to the next. We all have the contact details that we need in case of whistle-blowing".

Relatives told us that they felt included in plans for the service, with one telling us, I came to the recent open day event, it was good and it's nice to be part of things". The registered manager told us, "We have only just started setting up coffee mornings for families the first was very successful and we hope to make it a regular thing".

Staff members told us that they were kept informed of any plans for the service and one staff member told us, "We know any plans straight away, we are not kept in the dark". The registered manager told us, "We are a team and so as soon as I can share information with the staff I do, and I ask their opinions also".

People told us that they knew the manager well and that she had a visible presence in the home. One person said, "I know the manager, she is around a lot". A relative told us, "It is well managed, the manager will always try to do what people ask". Staff told us that in the event of the manager not being available they had a clear understanding on who they should speak to and that a rota of supervisory staff was available.

We saw that the registered manager carried out extensive checks on the service and that quality assurance was a regular occurrence. The registered manager told us, "By carrying out checks I can see where we are with staff performance and what training they need. If there are any patterns in people having falls or accidents and people's general experiences of the place". We saw records to corroborate this.

The registered manager told us that there was a monthly visit made by the operational manager and that they received regular supervision. The registered manager told us that the team felt fully supported by the provider.

There had been no instances where notifications were required to be sent to us, but the registered manager was able to tell us that she understood the importance of sending in notifications and that she would do so following any concerns.