

# Abbotsford Care Limited

# Diamond 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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 11 March 2015 and was unannounced.

Diamond House is registered to provide care and support for up to 44 older people some of whom are living with dementia. It is situated within a residential area of Leicester. All accommodation is on the ground floor and there is a range of communal areas including lounges, dining rooms, and secluded gardens.

At the time of this inspection there were 44 people using the service.

The home has a registered manager. 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.

People told us they felt safe in the home and staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Where people were at risk, staff had the information they needed to help keep them safe.

People said there were enough staff on duty to meet their needs at all times and they never had to wait long for

# Summary of findings

assistance. During the inspection we observed staff had the time they needed to support people safely. If people needed assistance this was provided promptly and at no time were people left unsupported. Medicine was safely managed in the home and staff were kind and patient when they administered it.

Staff had undertaken training to meet people's needs and supported people with confidence and skill. People told us they were always caring and kind. During the inspection we observed and heard about many examples of staff valuing people and helping them to improve their quality of life. People trusted the staff and were at ease with them and happy in their company.

People told us they enjoyed the meals and the food served appeared appetising and wholesome. Lunchtime was a lively occasion with staff and the people using the service socialising together. They told us that they enjoyed each other's company.

People said that if they needed to see a GP or other health care professional staff organised this for them. If staff were concerned about a person's health they discussed it with them and their relatives, where appropriate, and referred them to the appropriate health care services, accompanying them to appointments if requested.

People told us they received support that was right for them. The care records we saw were personalised and reflected the needs of the people using the service. Records gave staff insight into the lives of the people they were supporting. Staff said this information helped them to care for people responsively as it gave them an understanding of a person's history and how they might like their support to be provided.

The home's activities worker provided a range of group and one to one activities for people. These were activities people had chosen themselves and included pub lunches, shopping trips, and hair and beauty sessions.

People using the service and relatives said that if they had any concerns or complaints they would tell the registered manager or the staff. All felt they would get a positive response and something would be done to put things right.

People told us their experience of the home was positive and life-affirming. The culture of the home was one of innovation and creativity and the registered manager and staff had a 'can do' attitude when the people using the service wanted something.

Records showed people were involved in how the home was run. They held regular meetings and discussed aspects of the home that were important to them including personal safety, activities, holidays, decoration, and staffing. Relatives were also invited to attend these meetings. People using the service, who did not want to attend residents' meetings, or were not able to contribute due to illness or disability, were consulted on a one-to-one basis to help ensure their views were heard too.

The registered manager was passionate about the home and making it a good place to live and work. We observed that she had an excellent relationship with the people using the service. Most of the people using the service and all the relatives we spoke with knew who the registered manager was. Those who couldn't name her were able to describe her.

The provider had an effective quality assurance system in place which included daily, weekly and monthly audits of all aspects of the service. The registered manager had made changes and improvements to the service as a result of both internal and external audits.

# 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 safe.

People felt safe in the home and staff knew what to do if they were concerned about their welfare.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Medicine was safely managed in the home and administered by trained staff.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported to enable them to care for people safely and to an appropriate standard.

People's consent to care and treatment was sought in line with legislation and guidance.

People had plenty to eat and drink and told us they liked the food served.

Staff understood people's health care needs and referred them to health care professionals when necessary.

Good



### Is the service caring?

The service was caring.

People said the staff were exceptionally caring and kind.

Staff went out of their way to help people improve their quality of life.

People were involved in making decisions about their care.

Staff provided people with dignified care. They gave reassurance when required and respected people's privacy.

Outstanding



### Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

The home's dedicated activities worker provided a range of group and one to one activities for the people using the service.

People told us they would have no hesitation in raising concerns if they had any.

Good



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

The home had an open and friendly culture. The registered manager was passionate about the home and making it a good place to live and work.

People using the service and staff were involved in the running of the home.

The provider used audits to check people were getting good care and to make sure records were in place to demonstrate this.

# Diamond 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 11 March 2015 and was unannounced.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience for this inspection had experience of the care of older people.

Before the inspection we reviewed the provider’s statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with twelve people using the service, three relatives, the registered manager, the deputy manager, the cook, and four members of the care staff team. We observed people being supported in the lounges and in the dining areas at lunch time. We looked at records relating to all aspects of the service including care, staffing and quality assurance. We also looked in detail at three people’s care records.

# Is the service safe?

## Our findings

People told us they felt safe in the home. One person said, “One of the reassuring things about this place is that the staff look after you and they look out for you.” Another person commented, “I feel completely safe here. I’ve not had anything taken or missing, maybe a shirt mislaid and found again, but nothing else. I’ve not had any accidents. There’s no safety issues here I’d worry about.”

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people who used the service. Records showed that staff had acted appropriately when there had been a safeguarding issue by making a referral to the local authority and notifying CQC.

Staff had identified people who might be particularly vulnerable to abuse, for example those without regular visitors. These people were referred to advocates, where necessary, to ensure they were fully supported if they needed to be.

All the staff we spoke with understood their responsibilities with regard to safeguarding. They knew the different types of abuse and how to identify them. They also knew who to report any concerns about abuse to, and who to approach outside the service if that was required.

If people were at risk in any areas of their lives this was highlighted in their care records. This meant that staff could see straight away if a person was at risk as a result of any health or care needs they had. Where people were at risk, risk assessments were in place so staff had the information they needed to help keep them safe.

Records showed these were reviewed and updated regularly and covered areas of activity both inside the home and out in the wider community. The advice and guidance in risk assessments was being followed. For example, one person’s care records stated ‘I will not ask for a drink when I need one’. To minimise the risk of dehydration staff were instructed to regularly offer them drinks.

This person was on a fluid chart to see how much they were drinking a day. Staff were told ‘any concerns regarding my

fluid must be reported to senior member of staff or management immediately’. During the inspection we saw staff offering this person a drink on a number of occasions and completing the fluid chart as instructed.

We also saw that when people needed two staff to assist them with their mobility, or particular equipment to keep them safe, this was provided. We saw staff support people using a hoist on a number of occasions. This was done skilfully with the emphasis on letting the person take their time and reassuring them at every stage of the transfer. One staff member told us, “The hoist can be frightening for people at first so we do everything very slowly to make sure they don’t feel out of control when we’re helping them to move.”

The staff we spoke with knew which of the people they supported were at risk and could tell us what of and how to minimise this. However it was not just care staff who understood this. During lunch the cook suddenly stopped what she was doing in the kitchen room and went into the dining room to talk with a person who was about to get up from their chair. She spent some time with this person reassuring them and helping them to settle. Afterwards we asked the cook what had happened. She told us, “[Service user’s name] shouldn’t get up on her own, she’s not safe. I saw her getting up so I ran out to remind her to wait for the care staff.”

Relatives told us they were promptly informed if their family members suffered any injury or illness. One relative said, “The manager would call us straight away if my [family member] had a fall or anything like that. But I trust her completely to look after my [family member]. Since they’ve been here they’ve not fallen once, have put on weight, and are looking and feeling so much better.”

People using the service and relatives told us there were enough staff on duty to meet people’s needs at all times. One person said, “We do alright for staff. If you want help they are there.” Another person said, “I’ve never had to wait more than a couple of minutes for staff to help me and I’ve never seen anyone else having to wait either.”

During the inspection we observed that staff had the time they needed to support people safely. If people needed assistance this was provided promptly and at no time were people left unsupported in the home.

## Is the service safe?

Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with the people who used the service. We checked three staff recruitment files and all had the required documentation in place.

Medicine was safely managed in the home. Records showed that all the people who used the service had plans of care in place for their medicines. These included information on how they liked to take their medicines, what they were for, and any side-effects they and the staff needed to look out for. If there were concerns about a person's medicines they were referred to their GP for a review.

We observed part of a medicines round. The staff member undertaking this was kind and patient. She explained to people what their medicine was for and assisted them to take it in their own time. Only senior staff were authorised to give out medicines and all had been trained to do this.

Staff mostly had clear instructions for assisting people with their medicines. For example one care plan stated, 'When administering my medication please take time to sit with me and engage me in conversation. This will give me reassurance and I will be more likely to take it.'

However one person's records stated, 'I am usually compliant with my medication but I will refuse at times due to confusion'. But we were unable to find any instructions for staff on what to do if this person did refuse their medication, for example telling them to persist, or return later. We reported this to the registered manager who said that staff giving out the medicines did know what to do but this had not been written in the records. She said she would review this person's records and update them as necessary so staff had clear instructions to follow if they needed them.

# Is the service effective?

## Our findings

People using the service told us that they thought staff had the skills and knowledge to meet their care needs. One person said, “The staff are good at their jobs and nothing is too much trouble for them. They’ll go out of their way to help you.” Another person commented, “I have confidence in the staff to look after me properly.”

We saw staff supporting people in the lounges and dining areas. They did this with confidence and skill. We observed that staff understood different people’s needs so they were able to assist them promptly and effectively without having to refer to records or ask for advice. Staff talked with people as they supported them and we saw that staff and the people using the service had a good rapport. A relative told us, “The staff have a way with my [family member] who can be awkward; they know just what to say to get them to do the things they need to do.”

Records showed staff had a thorough induction and on-going training. They undertook a wide range of courses in general care and health and safety, and those specific to the service, for example dementia care. These were recorded on the home’s training matrix and updated as necessary.

Staff told us they were satisfied with their training and could request further courses if they needed to. One staff member told us, “The training is excellent, I have learnt so much since I started here and if there’s anything you don’t understand you just ask the manager.” Another staff member told us they were attending a dementia course the following day. They said, “Other staff who’ve been on it said it’s really good so I’m looking forward to it.”

Records showed that ancillary staff did the same training as care staff so they also had the skills they needed to work in a care environment. The registered manager said, “We’re all part of the same team and you never know what you’re going to walk into so we make sure all our staff are properly trained.” People using the service were also welcome to join staff on the training courses if they wanted to. For example, one person attended a recent first aid course with staff which the registered manager said they enjoyed.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the home’s training records showed they had attended courses on this.

DoLS applications were made for people who might, for example, try and leave the home, or those who on occasions resisted personal care. These were in place, where necessary, and reviewed by the local DoLS team to ensure they were still in people’s best interests. This helped to ensure that people who on occasions could not make safe decisions for themselves were protected.

Records showed that mental capacity assessments were carried out for people who needed them. Best interests meetings were held for those who did not have capacity to consent to aspects of their care. These involved people using the service, their relatives, and health and social care professionals. This showed that efforts had been made to establish people’s consent to care and treatment.

People told us they enjoyed the food at the home. Comments included, “Excellent – you couldn’t find better”, “Very good – plenty of it” and “The meals here are gorgeous!”

People had a written menu on their tables and were also asked what they wanted when the food was being brought round. However one person asked for a pudding that was on the menu and was told that it wasn’t available. This confused the person.

We discussed this with the registered manager. She said this had been an issue before and we saw that the minutes of the last staff meeting on 15 January 2015 stated ‘there will be no deviation from menus as this has raised a number of complaints from both residents and visitors’. The registered manager said she would look into what had happened and make sure that it didn’t happen again.

Staff catered for people’s individual needs. For example, at lunchtime one person told staff they weren’t particularly hungry and didn’t fancy anything on the menu. Staff discussed alternatives with them and in the end they decided they’d like a bowl of soup. Staff brought this to them and they appeared to enjoy it.

Records showed that people who needed extra support with their nutrition and hydration were monitored and, where necessary, referred to specialists. For example, people who had difficulty swallowing were referred to the SALT (speech and language therapy team). Care plans showed that advice given was being followed. People’s weights were included in the registered manager’s monthly audit so she could monitor how they were doing.



## Is the service effective?

People told us that if they needed to see a GP or other health care professional staff organised this for them. One person told us, “I couldn’t have asked for a better place. If I’m poorly, a girl will call the doctor and then ask what the doctor says but I’m sure the doctor has told the manager anyway and put it in their [communication] book so they know how to help me.”

Records showed that people had access to a range of health care professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person’s health they discussed it with them and their relatives, where appropriate, referred them to the appropriate health care

services, and accompanied them to appointments if requested. One person said, “She [the staff member who took her to an appointment] was lovely, she comforted me and held my hand and got me a drink – she tried to put my mind at rest.”

An improvement was needed to one person’s plan of care for pain management. Records stated, ‘I am unable to advise my carer if I am unwell or in pain’. However the records did not explain how staff might be able to tell if this person was unwell or in pain. We brought this to the attention of the registered manager who agreed to review the care plan and include any additional information staff might need to support this person.



# Is the service caring?

## Our findings

People told us the staff were always caring and kind. One person said, "I couldn't praise them enough." Another person commented, "There's not a bad one amongst them. They go out of their way to be helpful." A relative told us, "The staff are exceptional – second to none, they care for my [family member] as if she was their own relative."

During the inspection we saw staff provide good support to people who were agitated due to their conditions. For example, one person was anxious and approached the registered manager because they were worried about a forthcoming medical procedure. After a hug the registered manager held this person's hands, looked them in the eyes, and said, "There's no need to worry because when you wake up I will be there with you." We observed that the person was greatly reassured by this.

The lunchtime experience was unique. The registered manager told us it was usually lively and this proved to be the case. At one table in particular there were gales of laughter as people using the service shared jokes and quips and staff joined in.

The registered manager told us, "It's always like this at the moment. We got a particular mix of people who just get on so well with each other and the staff. It's lovely to watch them all enjoying themselves."

All the people using the service were encouraged to eat their meals in the dining room. The registered manager said this helped them to stay mobile and socialise with others. However if people wanted their meals in their rooms or one of the lounges they were supported to do this.

Staff sat with people and assisted them where necessary while joining in the conversation at the table. Portions were generous and people were asked if they wanted second helpings. A range of drinks were available and one person had beer with their meal because this is what they liked.

We saw that staff socialised with people throughout the day as well as supporting them. The registered manager told us, "It's a big part of their job [socialising with people] and some would say the most important. Our residents love that interaction, it makes them feel valued." We saw that staff had to time to talk with people in small groups and also on a one to one basis.

Staff told us they liked working at the home because they had the opportunity to spend time with the people using the service. One staff member told us, "It's not like other homes where you get told off if you talk to the residents when you're meant to be working. Here we make time to talk to them and the manager encourages that."

Staff did not wear uniforms and the registered manager told us there was a reason for this. She said staff had attended a talk on dementia by a leading expert who had suggested that uniforms could be seen as institutional by some people using services. She told us the expert had said 'Why can't your residents recognise you by your smile?' She said staff had spoken to people using the service about uniforms and they had no strong preferences so staff had decided not to wear them.

The registered manager said this approach was working. She told us of a person receiving end of life care who she was sitting with. The registered manager said, "At the time I had a pink streak in my hair and this resident always liked it. While I was sitting with her she reached out and touched the pink streak and I knew she knew it was me because she was smiling."

One staff member told us in detail about the needs of one of the people they were supporting. We observed the interaction between this staff member and the person. The staff member listened intensely to what the person had to say. They spoke in the person's first language. The person and the staff member were completely at ease with one another and appeared to have a strong affinity.

Staff were committed to improving people's quality of life. For example, a relative of one of the ancillary staff had arranged to take one person to a local sporting event. Staff took another person to their previous workplace to have a look around. At birthdays and Christmas staff bought presents and paid particular attention to people who did not have families or friends to visit them. The registered manager said this helped to ensure that everyone in the home felt valued and cared for.

People told us they were involved in making decisions about their care. During the inspection we observed staff encouraging people to make choices about all aspects of their daily lives. For example, we saw two people in the upstairs dining area having a late breakfast. This was at



## Is the service caring?

11.40am. A member of staff told us, “They’re late risers and they like to have their breakfast when they get up. They’ll probably have a late lunch too – it’s up to them, they know what they want.”

Relatives also said they were involved in their family member’s care. Two relatives said they had been involved at every stage of their family member’s assessment and throughout during the care planning process. Records showed that where appropriate people, their relatives, and staff had signed to agree care plans.

Staff were trained to respect people’s privacy and dignity, protect their human rights, and provide care that met their needs. These skills were in evidence during our visit. Staff were discreet when they provided personal support, knocked on bedroom doors before entering, and were respectful in all their interactions with people.

# Is the service responsive?

## Our findings

People told us they received support that was right for them. One person said, “The staff seem to know my little ways. They know when I’m a bit down and they then cheer me up and they know when I just want to be left without bothering me.” A relative commented, “My [family member] is not always the easiest person to please but the staff know exactly what to do to keep them happy.”

The care records we saw were personalised and reflected the needs of the people using the service. Assessments were been carried out prior to people coming to live at the home. Records contained information about their health, personal care, and social needs. There was also information about people’s chosen lifestyles, choices and preferences.

Records gave staff insight into the lives of the people they were supporting. For example, one person’s records included a photo of them both as a young and a mature adult so staff could get an idea of the person they were, and the person they are today. Details of their past education, work, interests, hobbies, and family were included. Staff said this information helped them to care for people responsively as it gave them an understanding of a person’s history and how they might like their support to be provided.

The home’s dedicated activities worker provided a range of group and one to one activities for the people using the service. These included pub lunches, shopping trips, visiting tutors, and hair and beauty sessions. There was a pool table in the home’s games room, and the people using the service had access to the home’s large and secluded gardens.

Activities were also personalised. Staff accompanied people to familiar places that they liked, for example local markets and parks. One person came to the home on PRN (as required) medication for agitation. Staff spent time with them finding out what they liked to do and came up with a daily activity that gave the person responsibility and a sense of purpose. Staff said that as a result the person was much more contented and no longer needed their PRN medication.

During the inspection an external learning agency provided an art session for people. This took place in the main dining room after lunch. After the session staff and the people using the service showed us some of their paintings. They said they had enjoyed the session and were looking forward to the next one which some relatives were also coming to.

People using the service and relatives said that if they had any concerns or complaints they would tell the registered manager or the staff. All felt they would get a positive response and something would be done to put things right.

The registered manager told us she continually checked that people were happy with the service. She said, “I go out of my way to speak to everyone every day if I can, and I always ask them if everything’s alright. The same with relatives – I say to them that if they’re not happy they must tell me so I can do something about it.”

The provider’s complaints procedure was on display in the home and included in the statement of purpose. A user-friendly pictorial version was also available for those who wanted it and included in the service user’s guide. There have been no complaints about the service since our last inspection.

# Is the service well-led?

## Our findings

People told us their experience of the home was positive and life-affirming. One person said, “This definitely feels like home to me. Every day the staff do something nice to make me feel special.” A relative commented, “My [family member] is so happy here and so relaxed. It’s a weight lifted off my mind that we’ve found such a wonderful home for them.”

The culture of the home was one of innovation and creativity and the registered manager and staff had a ‘can do’ attitude when the people using the service wanted something. For example, people had told the staff they wanted to go to the seaside, but had also said they didn’t want to make the long journey to get there. In response the registered manager and staff decided to bring the seaside to the people.

They asked the provider to buy a second-hand caravan and towing car. This was purchased and parked in the grounds. The staff were doing it up for the summer so people and their relatives could sit outside it and have refreshments when the weather was nice. The registered manager said, “It will give them a sense of being on holiday or act as a reminder of past holidays they’ve enjoyed.” The towing car had also been made safe and the engine jet washed so people who wanted to could carry out ‘repairs’.

Records showed people were involved in how the home was run. They held regular meetings and discussed aspects of the home that were important to them including personal safety, activities, holidays, decoration, and staffing. They were also given important information about the home. For example, at a recent meeting they were reminded to call for assistance at night if they needed to because that’s what the staff were there for.

Relatives were also invited to attend these meetings and a ‘family night’ had been booked for the following month to give relatives the opportunity to share their views on the service. The registered manager said people using the

service, who did not want to attend residents’ meetings, or were not able to contribute due to illness or disability, were consulted on a one-to-one basis to help ensure their views were heard too.

Staff meetings were also held regularly and minutes showed that staff were encouraged to make suggestions about how to improve the service. They were also reminded of their responsibilities to the people using the service. For example, at the latest meeting privacy and dignity was discussed, as was good record keeping.

The registered manager was passionate about the home and making it a good place to live and work. She told us, “I do the job to see the residents safe and happy.” She worked flexible hours so she could spend time with all her staff and carried out ‘spot checks’ out of hours to check that the home was running smoothly at all times.

We observed that she had an excellent relationship with the people using the service. As she went about the home she made a point of talking everyone and it was evident that she knew them, their needs, and their families well.

Most of the people using the service and all the relatives we spoke with knew who the registered manager was. Those who couldn’t name her were able to describe her. One relative told us, “She’s an inspiration and I’ve never heard a bad word said about her. She genuinely cares about everyone here, residents, staff and visitors.”

The provider had an effective quality assurance system in place which included daily, weekly and monthly audits of all aspects of the service. These were completed by the registered manager and the provider’s operations director who visited once a month on behalf of the provider to ensure the home was running smoothly.

The registered manager had made changes and improvements to the service as a result of both internal and external audits. For example she had introduced daily infection control checks after an audit identified these were needed. She was also auditing people’s weights after the local authority had identified this area of the service would benefit from monitoring.