

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 and personal care for up to nine people with a learning disability, autism, dementia, people with sensory impairment or physical disability, people with mental health needs, older people or younger adults. At the time of our inspection three people were using day care services and three people were using overnight respite. Our inspection was unannounced and took place on 24 August 2018. The service had been previously rated as 'Good' at our inspection in January 2016.

Abberley House 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.

There was a registered manager in post and they were present. 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen."

Staff were aware of safeguarding procedures and knew what action to take if they had any concerns. Staff supported people in a safe manner. Recruitment of staff was carried out appropriately. Administration and recording of medicines given were carried out safely.

Staff had the skills and knowledge required to support people using the service effectively. Staff received an induction prior to them working for the service and they felt prepared to do their job. Staff could access ongoing training to assist them in their role. Staff could access supervision and felt able to ask for assistance from the registered manager. Staff knew how to support people using the service in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff encouraged people to eat healthily and supported their healthcare needs.

Staff members treated people with compassion and kindness. People using the service were involved in making their own decisions about their care as far as possible. Staff ensured that people were able to maintain their privacy and dignity and encouraged them to retain an appropriate level of independence.

People's preferences for how they wished to receive support were known and considered by the care staff. Staff understood people's needs and provided specific care that met their preferences. Relatives knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Quality assurance audits were carried out and provided the registered manager and the provider with a clear overview of the service. Relatives and staff felt the service was led in an appropriate way. Staff were supported in their roles. Staff felt that their views or opinions were listened to. We received notifications of incidents as 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.

Staff were aware of safeguarding procedures.

Detailed risk assessments were in place.

Staff recruitment was carried out safely.

Medicines were given, stored and recorded appropriately.

Is the service effective?

Good ●

The service was effective.

Staff received an effective induction and ongoing training.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

People's ongoing health care needs were supported.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate.

The person using the service was involved in making decisions about their care as far as possible.

Staff maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about the person's needs.

Staff considered the person's preferences when carrying out care.

Relatives knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

Is the service well-led?

Good ●

The service was well-led.

Relatives were happy with the service received and felt the service was well led.

Staff spoke of the openness and visibility of the registered manager.

Quality assurance audits were in place.

We received notifications as required.

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.'

The inspection took place on 24 August 2018 and was unannounced. The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has experience and knowledge of care services.

We reviewed information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. In this instance we had not requested a Provider Information Return, this is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, we had contacted the local authority to gather their feedback about the service.

We spoke with two people who use the service, four relatives, three staff members, the cook, the deputy manager and the registered manager. We completed a 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.

We looked at the care records and medication records for three people using the service. We also looked at three staff recruitment files, staff training information and records held in relation to quality assurance.

Is the service safe?

Our findings

The key question of safe was rated as Good in January 2016 at this inspection the rating had not changed.

People told us that they felt safe, with one person saying, "I like it here I am safe". A relative told us, "I can tell [person] is safe, as at the other place they attended they screamed non-stop [they don't here] this is a home from home". A second relative said, "If [person] didn't feel safe then they wouldn't go in. [Person's name] is very happy going there, I feel so lucky to have that peace of mind". A staff member told us, "Our main aim is to put people first. They have complex needs, but we are trained to deliver the best and safest care".

We found that staff were aware of procedures to follow in the event of any safeguarding issues. One staff member told us, "I know the process to take and have made referrals to the local authority previously. I also discuss concerns with my manager and take advice". Staff were able to discuss with us what they felt constituted abuse and what possible signs and symptoms may be. Staff spoke of how they would react in the event of an emergency with one staff member telling us, "In an emergency I would make the person comfortable and then call emergency services, there wouldn't be a delay". We were told by the registered manager how a safeguarding concern was raised when professionals from an external agency did not share the required information. Action was then taken to minimise any future risk of reoccurrence.

There was a procedure in place to record and act on accidents and incidents and staff were aware of this. We saw that incidents had been recorded and the relevant authorities had been notified. There was information available as to what actions had been taken, such as a referral to professional services, for instance a speech and language therapist. Emergency evacuation plans were in place and staff were aware of them, so that the person could be removed from the home as quickly and as safely as possible in the event on an emergency. We found that information to keep people safe was easily available, such as 'grab and go' information which would provide medical professionals with a brief overview of needs, in particular if a hospital admission was necessary.

We found that risk assessments were in place. A staff member told us, "There are detailed risk assessments and they are useful, we go into them and look things up if we need to". We found that risk assessments covered a wide range, including risk of specific medical diagnosis and risks to health such as seizures through to social isolation, personal care and skin care, nutrition and hydration and choking risk. A small number of risk assessments in relation to risks around the use of bedrails, PRN medicines [to be used as and when required] and telecare [sensors attached to beds to alert staff to movement] were out of date. The registered manager showed us that these had been reviewed whilst we were on-site and would now be updated as required. We saw that all other risk assessments had been updated in a timely manner.

A relative told us "There are enough staff we never worry about that". A staff member shared, "We are lucky we have sufficient staff, we are always staffed correctly". The registered manager told us that no agency staff were used and that relief staff were employed by the provider and these were used as required and people using the service were familiar with them. We saw that staff responded to people's needs as required without any delay.

We saw staff recruitment was carried out safely and a staff member told us, "I had my documents checked and Disclosure and Barring Service [DBS] check done before I could start". We found that checks included identity checks, references from previous employers and a check with the Disclosure and Barring Service (DBS). The DBS check would show if a person had a criminal record or had been barred from working with vulnerable adults. Records we looked at showed that these checks were in place.

A person told us, "Staff help me with my medicines, I have one at 6pm and 8pm". A relative told us, "staff are spot on with medications, they are very careful". A second relative said, "[Staff member's name] is very strict with medicines we have to sign medicines in when we drop [person's name] off and we sign again when we pick them up [as medicines are left with the person]". We saw staff members administering medicines effectively and explaining what they were doing and having a chat with the person about how they were feeling. We saw that medicines were recorded clearly with no gaps. A list of medicines taken by the person was provided with administration guidance for staff in place. Information was given on medicines taken, so staff were clear on how to administer and were aware of any potential side effects. Staff told us that they felt well trained in how to give medicines and that medicines were always given by two staff members and that spot checks on competency to give medicines was assessed regularly.

A relative told us, "The place is very clean and they always keep [person] very clean". The home presented as being clean and tidy, there were no unpleasant odours and all checks related to infection control were in place and were monitored regularly. We saw that records showed that general cleaning took place on a daily basis and that there was a monthly deep clean carried out.

The registered manager told us how they had 'learnt lessons' since the last inspection. This was in particular around communication with some relatives where information shared had not always been acknowledged. The registered manager now sent out letters to relatives where information was important rather than just verbally sharing. An example of this related to how medicines were accepted when a person arrived at the home.

Is the service effective?

Our findings

The key question of effective was rated as Good in January 2016 at this inspection the rating had not changed.

We found that the needs of the person using the service had been fully assessed and considered prior to them using the service for a period of respite. We saw that pre-admission information had been taken from professionals and family members. Personal information was provided, such as contact details of professionals involved with the person, religious needs, background history and information related to their health and wellbeing.

A relative told us, "[Person's name] is totally dependent for all their needs. They receive 1:1 care and I know they are well looked after as the staff know all about [person's] needs and meet them". A second relative said, "The staff know [person's name] well. There's a lot of guess work [as their needs change so much], but the staff know them well". A staff member told us, "We learn about people every day and we discuss their needs within our staff team, there isn't much we don't know". We saw staff responding to people's needs effectively.

We saw that staff received an induction. A staff member told us, "I had an induction pack to work through and I shadowed other staff, my induction was very thorough". All staff we spoke with had worked in care previously, but were aware that any new staff would receive an induction in line with the care certificate. The care certificate is a set of national standards expected from people working within the care sector. We saw that training had been carried out recently, but staff members told us of how some training courses had been cancelled. The registered manager told us that the provider was looking to streamline the training accessed and make it more effective and that once this was arranged training would be rearranged. Staff told us that supervisions occurred around every eight weeks, but the registered manager and deputy manager were also available at any time in between formal supervisions. We saw that staff also received an appraisal, which was a way of analysing the previous years' work and setting future goals.

We saw staff members communicating effectively with people. A relative told us, "I send in a communication book that staff fill in about what [person's name] has done, it keeps me connected". A staff member told us, "We communicate with people at their level, we know their ability and take it at their pace we also listen to family members as to the best way to communicate with people. We saw examples of staff making eye contact with people and talking to them in manner that suited their level of understanding.

A person told us, "I like every meal, I can choose what I want". A relative told us, "There is a cook who provides fresh food daily, it is very good". We saw a meal time experience where a person was being encouraged to assist in the kitchen. Staff members were helping the person to make a sandwich and they were being given a choice of many different fillings. The person was asked where they would like to eat and assisted by staff. We saw that an evening meal was also being prepared and heard people comment on the nice aroma coming from the kitchen. We found that where required, food and fluid intake was logged. Where people required a soft diet, thickening substances in food or assistance to eat, we saw that this was in

place.

A relative told us, "If [person's name] is ill then staff will immediately take them to the GP or the walk-in centre there is never a delay". We found that where required staff accompanied people to medical appointments and had access to any medical aids required. Where people had conditions such as diabetes they were supported to care for their skin and to eat foods in line with a low sugar diet. Protocols were in place in relation to the person's specific health conditions. Staff were aware of what actions to take if people were taken ill and were able to talk us through any emergency actions they would take if a person had a seizure or similar experience. We saw that a person had been referred to the speech and language team following a choking incident related to a health condition.

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 can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Appropriate applications for DoLS had been made and were awaiting approval. Where it was felt that mental capacity should be considered there was a specific plan in place and this assessed level of capacity, communication and any agreed decisions taken in the person's best interests. Staff members had an understanding of mental capacity and deprivation of liberty, but some had a much better grasp of it than others. While one staff member struggled to give examples of how a person might have their liberty restricted, another staff member gave us a very detailed account. The staff member told us, "DoLS is about restricting a person, which may have an impact on their choices. It could be putting a lock on a door or bed rails on a bed. Taking somebody's liberty away has to be done legally, so that it isn't abuse". The registered manager told us that they would update any lack of knowledge in staff during upcoming supervisions.

One person told us, "They always ask for my permission and wait for me to answer". A relative told us, "Nobody ever makes [person's name] do anything they don't want to, staff are very respectful of their opinion". A staff member told us, "I always get consent and I have done a Makaton course [communication aid] and I also look for signs that a person may or may not be agreeable to any request. I will also ask parents what the person likes and doesn't like and how they want to be cared for. Everything I do is in the person's best interests". A second staff member said, "I always get consent and will judge body language it is easy to tell when somebody wants to be left alone". We saw staff members gaining consent from people, examples being, asking if they would like assistance at lunchtime and gaining consent to give medicines.

We saw that where decisions had been taken in relation to keeping people safe, but where they might infringe their liberty, best interests discussions had been held. An example being where bed rails were being used to ensure that a person did not fall from their bed, family members and people involved in their care had been part of the decision and this had been recorded.

Is the service caring?

Our findings

The key question of caring was rated as Good in January 2016 at this inspection the rating had not changed.

A person told us, "I like coming here everyone [staff] is my favourite. They are really good and gentle with me". A relative told us, "The staff are so caring, they are superb. They care for [person's name] equally as good as I can at home, if not better". A second relative told us, "The staff care, they are not on their phone all the time, they give their time to people they look after. They care about us too [relatives] and they recognise that it is a break for us and reassure us". A staff member told us, "Every member of staff who works here is kind and caring towards people". The registered manager told us of how proud they were of the staff team and of how they have forged excellent relationships with people using the service.

A relative told us, "I notice a difference in [person's name] because they come here, it has changed their life for the better". We saw that there were positive relationships between people using the service and those caring for them. There was lots of friendly chatter and people appeared at ease in the company of staff. An example being, we saw one person sitting in the doorway of the kitchen having a chat with the cook. There was a lot of laughter and joking and their discussions ranged from [person] liking carrot cake to discussing the dungeons in London and how chillies look like peppers.

One person told us that they were encouraged to make choices and said, "I was using a room upstairs, but it wasn't very good for me there, as I could hear somebody else being noisy in the night. I told staff and they gave me the choice to sleep downstairs. It is much better down here you can hear everyone coming through the door and I like that". A relative told us, "[Person's name] can't really make their own choices, but this doesn't stop staff asking their opinion and respecting them". A staff member told us, "We always give choice, people's views matter". We saw people making choices and staff listening to them. This related to food, an upcoming outing and actions taken around the home such as which bathroom they preferred to use.

A person told us, "The staff ask what I like to do and places I want to go, they ask my preferences". A staff member told us, "We always ask people about their preferences and they are listed in people's files so we can always refer back to them". A person told us, "I am independent, but if I need help the staff are there". A relative told us, "Staff are always there to help out and guide". A staff member told us, "We encourage people to be independent, even if it is a small thing like turning television over with the remote control or prompting people to choose their own outfit". We saw people going into the kitchen and choosing which snack they wanted.

We saw staff acting in a respectful manner towards [person's name] in the way that they addressed them and assisted them. A relative told us, "The staff are so respectful of person's name and when they come back home they are always spotlessly clean". A second relative told us, "When people are hoisted it is done respectfully, the staff make sure they are covered". A staff member told us, "We respect people's privacy, we follow the care plan, knock doors before entering and keep people covered when doing personal care".

Relatives told us that they got on well with staff and one said, "They are angels [staff] we come in and have a

cup of tea and a chat with them. I would trust them with my life, they are amazing". A second relative told us, "They [staff] will always try and fit us in whenever we want respite even if it's last minute, they are so good". A third relative told us, "I can just turn up [to visit] whenever I like". A staff member told us, "The families that come here know that we do the best we can for their loved one". We saw family members enjoying chats with staff and it was obvious that they knew each other well and had a positive relationship.

Is the service responsive?

Our findings

The key question of responsive was rated as Good in January 2016 at this inspection the rating had not changed.

A person told us, "Yes the staff ask me about my care". A relative said, "We are involved in the care planning the staff are always talking to us". We saw that the care plan included; skin care and personal care, safe transportation, independence, diet, continence, nutrition and hydration, social inclusion, communication and the environment. We saw that where the care plan considered the person's routines it noted, 'maintain routines and make [person] feel at home'. We found care plans to be updated in a timely manner.

A person told us, "I like going to museums, staff took me to an aircraft museum. Sometimes I go to the shops with staff". A relative told us, "[Person's name] went to a party earlier in the year and they also went to a Christmas party, they are always going somewhere". A second relative said, "The staff take [people] to the seaside at the weekends in the minibus, they love it". A staff member told us, "People coming here do as much as possible and we have a lot of fun. When we aren't going out we still do things like have a good chat or put some music on". We saw that there was a well equipped sensory room and a soft play room including ball pool in the building. The room was set up to allow people of differing abilities to access it. Care plans gave information on people's life history and staff were very knowledgeable when talking to us about people.

A relative told us, "Our children [who use the service] have known each other years and staff are aware of this and promote their friendship". We saw that people using the service were encouraged to be around each other and a person who arrived in the afternoon appeared very happy to see other people and the staff.

A relative told us, "If you've got a problem its sorted [by managers]". A second relative told us, "I would go to [deputy manager's name] and they would sort it, they make a cup of tea and I'd chat about any worries and they would get it sorted". People told us that they had received a complaints policy and that they would be happy to approach either the manager or deputy should they have a problem. We saw that a semi-pictorial complaints policy was also available. In people's files we found that there was a 'complaints pyramid' that gave a list of notable people whom they could make a complaint to in relation to care received. Included in the list was the person's keyworker, through to CQC, the local authority and chief executive of the service. We saw that there was an open working relationship where relatives felt able to walk into the management office. There were no written complaints available to see in relation to care, as the registered manager told us that no formal complaints had been received.

We spoke with the registered manager about End of Life plans and were told that currently there were none in place, as being respite provision it was unlikely that a person would plan to pass away there. However, the registered manager stated that should a person deteriorate whilst receiving respite care, measures would be put in place to enable them to have the choice to remain there on palliative care. With this in mind the registered manager told us that they would speak with relatives about putting plans in place if deemed

appropriate.

Is the service well-led?

Our findings

The key question of well led was rated as Good in January 2016 at this inspection the rating had not changed.

We found that the atmosphere of the home was relaxed and staff, people and relatives got along well. A relative told us, "It is a great place [person's name] loves it. We get a set number of nights a year respite for [person's name] and it's up to me how I use them. The staff are very flexible I just ring up and make the booking". A second relative told us, "This place and the staff are absolutely brilliant. I spent a long time looking for a place that was capable to care for [person's name] and here they look after them so well". A third relative told us, "I have peace of mind when [person's name] is here".

People gave us their opinions on the registered manager and one person told us, "I like [registered manager's name]. A relative told us, "All of the staff are approachable, but the registered manager and deputy manager are great". A staff member said, "The manager is great, I wouldn't have been working here for so many years if it wasn't so well led". A second staff member shared, "The manager is really good and understands that staff need a work/life balance".

We saw that regular team meetings occurred and minutes from meetings showed that issues discussed included, staffing, expectations of staff members, people's needs and recording. Manager's meetings also took place and topics here included training, care plans and recording, staffing and risks. A staff member told us, "We can put forward any ideas to managers, such as places for outings and activities and they listen. They also listen to anything bothering us [staff]". We saw that relatives were invited into the service to meet with staff and had the opportunity to ask questions. One relative told us, "There is a coffee morning every three months for staff and parents, that is something that a couple of us parents asked for and it started straight away, we learn from one another".

Staff told us that in the event of a colleague carrying out care that was not in line with good practice they would be willing to whistle-blow. One staff member told us, "If I was worried and nothing was done about it I would report it higher and whistle blow". A whistle-blower is an employee who takes their concerns about any bad practice witnessed to an agency independent of their employer.

We found that feedback surveys were completed by people and relatives. One relative told us, "I fill in questionnaires on the service here. My answers are always the same. I never put in anything that they need to change because they don't need to change anything". The most recent survey was awaiting analysis, but the registered manager told us that the results would be shared with people once they had been looked at, as previous surveys had been. We saw that some comments on returned surveys included, '10/10 please keep up the good work' and 'The service provided is excellent'.

We found that a number of audits looking at the quality of the service were in place. These included a monthly report which looked at what had gone well and not so well and an overview of the person's health and wellbeing. There was also a manager's 'walk through' which looked at MAR charts, daily logs, décor and

infection control, fire safety, laundry and bedrooms amongst others. There were also regular detailed audits on policies and procedures and periodically throughout the year monitoring visits were made by the nominated individual. These visits looked at recordings such as notifiable incidents, DoLS applications and other documents were reviewed. Audits relating to the buildings environment were in place.

The registered manager told us how they had learnt how to make recording more effective since the last inspection. They now audited care plans in more depth in particular those for medicines. Two care files were now taken at random each week and audited, so that the registered manager could assess if any further information was required to be added. The registered manager told us that the new system enabled them to ensure that all care plans were looked at within a reasonable period of time, so if any changes needed to be made they would be done in a timely manner.

The registered manager told us of how they had worked with a local authority to raise concerns that a person on respite required more input when at home in the community. The registered manager told us that after their intervention there was a positive outcome and the person now had the required services in place.

We found we were informed of any notifiable incidents as required, so that we were able to see if staff had taken appropriate action to maintain people's wellbeing.

We saw that the previous rating was displayed within the home and that the providers website gave a link to the previous rating.