

Shaw Healthcare (de Montfort) Limited

Abbott House - Oundle

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

Abbotts House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Abbott's House is registered to accommodate 40 older people; at the time of our inspection there were 37 people living in the home.

At the last inspection this service was rated good. At this inspection we found the service remained good. The inspection took place on the 1st December 2017 and was unannounced.

The service had 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 were treated with respect, kindness and empathy; they had developed positive relationships with the staff that were caring, compassionate and friendly. People had detailed personalised care plans in place which enabled staff to provide consistent care and support in line with people's personal preferences.

People continued to receive safe care. Staff were appropriately recruited and there were sufficient staff to meet people's needs. People were protected from the risk of harm and received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and on going professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the home supported this practice. There were a variety of activities available for people to participate in if they wished to and the local community was encouraged to take part in events at the home.

The service had a positive ethos and an open culture. The registered manager and provider were committed to develop the service and actively looked at ways to improve the service. There were effective quality assurance systems and audits in place; action was taken to address any shortfalls.

People knew how to raise a concern or make a complaint and the registered manager had implemented effective systems to manage any complaints that they may receive.

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 ●

Abbott House - Oundle

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 checked 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 unannounced inspection took place on 1st December 2017 and was undertaken by one 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. In this instance our expert-by-experience had cared for an older relative and supported them to find an appropriate care setting to live.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed and returned the PIR in October 2017 and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

During our inspection we spoke with 13 people who used the service, three members of staff from the care team staff, a domestic, a cook, two team leaders, the activities co-ordinator and the registered manager. We also spoke with seven people's relatives and friends and two health professionals. We spent time observing people to help us understand the experience of people who could not talk with us.

We looked at the care records of three people to see whether they reflected the care given. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas and arrangements for managing complaints.

Is the service safe?

Our findings

People could be assured that they were being cared for safely. There were risk assessments in place which gave staff clear instructions as to how to keep people safe. For example, assessment had been undertaken to identify any risk of people not eating or drinking; appropriate controls had been put in place to reduce and manage these risks. People told us that they felt safe within the home. One person said "I am happy here and quite safe oh yes. It's just everything, the people, the environment and the friendliness." A relative said "I am always impressed by the atmosphere here, [Relative] is very safe here, no worries at all."

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Throughout the day of the inspection people were responded to in a timely way. People told us that if they rang the call bell it was usually responded to within a few minutes. One person said "If I ring my call bell I would say it depends how busy the staff are as to how long it takes to answer it; most of the time they answer in five minutes or a little longer if they are busy."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and when safeguarding notifications had been made these had been appropriately investigated.

Medicines were safely managed. There were regular audits in place and any shortfalls found were quickly addressed. People told us they received their medicines at regular times. One person said "I take tablets at different times of the day; I always get them when I need them, no problems." We saw that people received their medicines within appropriate time frames; we observed staff explaining the medicine people were to take and ensuring they had sufficient liquid to take it with. We heard one member of staff say "One little tablet for you [name of person] here is your drink. Has that tablet gone?"

The provider had ensured that environmental risk assessments were in place and there were effective systems in place to monitor the health and safety of people which included regular fire tests and maintenance checks. Accidents and Incidents were monitored and action taken to address any identified concerns. Any lessons learned from incidents were discussed and action plans put in place to ensure similar incidents did not happen again. For example the Home contingency plan was revised and improved following an incident where the gas supply to the home and surrounding area went off.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. The home had a five star food hygiene rating.

Is the service effective?

Our findings

People's needs were assessed prior to them moving into the home to ensure that the provider was able to meet their care and support needs. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

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 Mental Capacity Act. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The registered manager was able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People were encouraged to make decisions about their care and their day to day routines and preferences. For example we heard one member of staff say "Hi [name of person] what are you going to have to drink; this one's gone cold now, how about a coffee or tea or a milkshake?" We heard staff asking people whether they needed help before they assisted them. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and there was a programme in place to ensure all staff received specialist training in areas such as living with dementia.

All new staff undertook a thorough induction programme; staff were encouraged to take relevant qualifications. We saw from staff training records that training such as manual handling and safeguarding were regularly refreshed. Staff received regular supervision and annual appraisals which gave them the opportunity to discuss their performance and personal development. One member of staff said "I have completed my National Vocational Qualification (NVQ) 3 and am now being supported to undertake an NVQ4; we are encouraged all the time to develop our skills."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the Dietitian and Speech and Language Therapist had been made when required and advice followed. There was a choice of meals each day and an alternative was available should anyone not wish to have either of the choices. People told us the food and choice was satisfactory one person said "The food is fine. We do get a choice of sorts." Another person said "Food is good; I enjoy the food."

People had regular access to healthcare professionals and staff sought support from health professionals when needed. A local GP visited each week and a District Nurse came in daily. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. One health professional told us "People are well cared for here; the staff will ring if there are any concerns." A relative said "The doctor is here every Monday morning. Any issues at other times he is here straight away; they are soon on top of it. They do urine samples for infections etc. The staff seem to be on

top of everything."

Abbott House was a modern building and the provider ensured that the environment was well maintained and free from hazards. There was an on going programme of maintenance and people had been encouraged to personalise their bedrooms; people had brought in personal items and furniture from their own home when they had moved in which aided them in feeling settled in the service. The registered manager had collected various items of interest, for example an old style telephone and record player which enabled people to engage in conversations and reminisce about their lives; this was particularly beneficial for those people living with dementia.

Is the service caring?

Our findings

People told us how happy they were living at Abbotts House and they described the staff as very kind and friendly. One person said "I couldn't say anything bad about the place or the staff at all. They are friendly and helpful." Another person said "I can't fault the staff, they are kind, they just pop in to see if I am alright and if I need any help. They then go and leave me alone for a while and then check on me again."

The people who were unable to communicate with us looked relaxed around staff and we observed positive relationships between people and staff. The general atmosphere was welcoming and friendly.

People's individuality was respected and staff responded to people by their chosen name. From our observations and conversations with staff it was clear they knew people well and understood their individual needs. We heard one member of staff speaking to one person, they said "You are doing a fantastic job there [Name of person], thank you; you are a star." The staff member told us that the person liked to help for example clearing and setting the table for meals and that this aided their sense of well-being.

Staff spoke politely to people and people told us their dignity was protected. One person said "The staff help me have a shower or a bath; they cover me up with towels when they are getting me ready and they always knock on my door before they come in." We observed staff knocking on doors before they entered and they described to us how they maintained people's dignity by covering them up with towels when they were giving personal care and ensuring doors were shut and curtains drawn.

People were encouraged to express their views and to make choices. People confirmed that the staff involved them in decision making and allowed them to make choices. One person said "If you want to get up a bit later, you can ask them to come back and they will. You can go to bed when you want, they work with you. No rigid plans you know."

If people were unable to make decisions for themselves and had no relatives to support them the registered manager had ensured that an advocate would be sought to support them.

Visitors were welcomed throughout the day. The families we spoke to all said how friendly and welcoming everyone was. One visitor said "Although staff are busy at times they always stop to say hello and ask me how I am, they are all friendly here." People were also enabled to keep in touch with families and friends who may not live nearby through being able to access a telephone in their rooms and to Skype via a laptop. This ensured people always had contact with their loved ones.

Is the service responsive?

Our findings

People had individualised care plans which detailed the care and support people needed; this ensured that staff had the information they needed to provide consistent support for people. There was information about people's past lives, hobbies and interests which ensured staff had an understanding of people's life history and what was most important to them. This enabled staff to interact with people in a meaningful way. The plans were reviewed regularly and any changes communicated to staff which ensured staff remained up to date with people's care needs.

There was a range of activities and entertainment available for people to take part in. People were encouraged to pursue their interests. For example one person had an area in the garden where they could tender their various plants in pots they had. Another person spoke to us about being enabled to attend their local church each week. On the day of the inspection some people took part in an art session and others a craft session making holly wreaths. One relative told us "It's lovely to see [Name of relative] taking part in painting, they use to like to paint." People spoke positively about the level of entertainment that came into the home. One person said "We do what we like; I like to read, sometimes we make things, I do get the paper to read. Lots of singers come in, the church comes in, and we always seem to be doing something."

Reminiscence sessions were also held. The Activities co-ordinator had worked with an Occupational Therapist and they had designed a session around Remembrance Day. People had been encouraged to share their experiences and any memorabilia from that time. The registered manager actively sought items of furniture and ornaments from times gone by, these helped people to engage in conversations.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The registered manager and staff were committed to providing good end of life care to people.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. We saw that when complaints had been made these had been investigated and responded to in a timely way and in accordance with the procedure in place. People told us if they had any concerns they were happy to speak to the registered manager who was available most days. One person said "I have never needed to make a complaint but I would speak to the manager directly if I did have one."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given .

Is the service well-led?

Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 could be assured that the service was well managed. One relative commented 'The manager is a credit to the home, from day one they welcomed us in, made sure my relative was set up nicely and has been involved in my relative's care consistently. They show a real passion for making sure the home is a warm friendly place; they always make the time to talk to me when I go to the home and I see them spend time with people. 'A member of staff said "Their [Manager] door is always open and they will take action if they need to if things are not right."

There were procedures in place which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing and safeguarding. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

There was a culture of openness and transparency demonstrated by the provider's proactive approach in encouraging people and their families to feedback about the service and listening to staff. There were regular meetings held with the people who lived at the home. One person said. "I do enjoy those meetings that [Name of registered manager] holds, she is very good and we can all say anything we like."

Staff attended regular staff meetings; minutes of the meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. One member of staff said "We all pull together, everyone can suggest ideas and [name of registered manager] listens."

People told us that they felt all the staff were approachable and we saw that the registered manager spent time speaking to people and staff. One member of staff said "[Name of registered manager] is brilliant; they will help with the care it they need to."

There were effective systems in place to monitor the quality of the service. The provider spent time at the home on a regular basis and undertook audits which ensured that the systems in place to monitor the standards and quality of the service were being managed effectively. People's experience of the service was captured and acted upon.

The registered manager liaised with local organisations in the community such as the library, local schools and scouts which helped secure the home's place in the community, particularly as a lot of people had lived locally all their lives. The local Library had a supply of large print books and people living in the home were enabled to access the library. Local schools regularly visited to provide both entertainment and work on

projects in the home to improve the environment for people. We saw that one of the projects involved painting the bathrooms to make them feel more homely and less clinical. One relative commented 'The home is always clean, tidy and above that a lovely place. It is decorated really well in a personal way and the day room is really welcoming and cosy. It does not feel like a care home or hotel but like a home from home.'

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.