# Abbeyfield Society (The)

# Downing House

## Inspection report

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Date of inspection visit:
23 May 2016

Date of publication:
21 June 2016

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Requires Improvement |
| Is the service caring? | Good |
| Is the service responsive? | Requires Improvement |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This Inspection took place on 23 May 2016 and was unannounced. This meant the home did not know we were coming. The last inspection of Downing House took place in September 2014. No concerns were identified with the care being provided to people at that inspection.

Downing House is located in Withington, Manchester. The home provides residential care and support for up to 23 people, some of whom are living with dementia. At the time of this inspection there were 22 people living at the home.

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.

The registered manager had been in post for approximately eight months but was already well respected by people using the service and staff. They were described as open and approachable and keen to listen to people's views. People said they could make suggestions and would be comfortable to make a complaint if they needed to.

There was a stable staff team who people told us were kind and caring. People felt safe at the home and with the staff who supported them. Staff showed patience and kindness when they assisted people.

There were sufficient numbers of staff to meet people's needs safely but staff said they would like more time to be able to 'chat' to people in a meaningful way. The home was suitably staffed to meet people's needs. Recruitment was done correctly and the service had a disciplinary procedure in place.

Staff told us and the registered manager confirmed more training was needed in relation to dementia care so that better support could be offered to people who were living with dementia.

Staff liaised with healthcare professions to make sure people received prompt care and treatment to meet their physical and mental health needs.

People had their nutritional needs assessed and were provided with a diet which met their preferences. There was mixed feedback about the food but people told us there was always a choice of meals and they had enough of it.

Care and support was personalised to each individual to enable people to maintain their own routines. Staff had a good knowledge of each person which enabled them to provide care in manner that respected their wishes and preferences. Staff sought people's consent before carrying out any care and knew what to do if people lacked the mental capacity to make a decision.

People's independence was promoted and risk assessments were carried out to enable people to take part in activities and receive their care safely. There was a variety of organised activities which people could join in with or they could choose to pursue their own interests and hobbies. More stimulation was needed for people who were living with dementia.

We found improvement was needed to ensure each person had an opportunity to engage in meaningful and stimulating conversations or activities. We recommended the home accessed best practice guidance to promote the health and wellbeing of people who were living with dementia.

People received their medicines safely from staff who had received specialist training in this area and were offered prescribed pain relief regularly to maintain their comfort.

## 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.

The home was suitably staffed to meet people's needs. Recruitment was done correctly and the service had a disciplinary procedure in place.

Staff were knowledgeable about how to identify and report abuse.

Medicines were handled safely and appropriately.

### Is the service effective?

**Requires Improvement**

The service was not always effective.

People were supported by staff who had the skills and knowledge to meet their needs but more training was needed to support and understand people who were living with dementia.

People's healthcare needs were monitored by staff and advice was sought from other professionals when it was required.

People received meals which met their dietary needs and took account of their preferences.

### Is the service caring?

**Good**

The service was caring.

People were supported by kind and caring staff who showed patience and understanding towards them.

There were ways for people to express their views about the care they received.

The staff knew people well and respected their choices and decisions.

### Is the service responsive?

**Requires Improvement**

The service was not always responsive.

People were able to take part in a range of activities and trips out. More work was needed in relation to activities for people who were living with dementia.

People's needs were assessed prior to moving into the home. Their needs were reviewed regularly and any changes were responded to quickly.

The management and staff of the home worked well with other agencies and services to make sure people received care in a consistent way

## Is the service well-led?

Good

The service was well led.

The registered manager was committed to listening to people's views and planning on going improvements.

Staff felt well supported which enabled them to provide a good standard of care.

The home had a quality monitoring system that led to change and improvement of the service.

# Downing 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 23 May 2016 and was unannounced.

The team consisted of one adult care 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. The expert by experience at this inspection was an expert in older people's services and services for people who have a physical and/or sensory impairment.

Before the inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law.

We spoke with 13 people who used the service, three visitors and six staff members including the registered manager, a domestic and the temporary administrator.

Throughout the day we observed care practices in communal areas and saw lunch being served in the dining rooms. We looked at a number of records relating to individual care and the running of the home. These included twelve care and support plans, minutes of meetings and records of complaints and compliments.

Good

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person said, "Yes, I feel safe, I have nothing to worry about here." Some people were unable to fully express their views to us because they were living with dementia so we observed interactions between them and the staff. We saw that people were very relaxed with the staff who supported them.

There were sufficient numbers of staff to meet people's needs, however staff told us they would like to be able to have more time to sit and speak with people. Throughout the day staff responded to requests for assistance in a timely manner. People told us there were always staff available when they needed them.

The registered manager was aware that the needs of the older population were changing with more people being supported for longer within their own home. This meant that people who used the service were likely to have more complex needs requiring an increased amount of support. The staff we spoke with said they thought that more staff would be needed in the future as the number of the people using the service living with dementia increased.

Care staff we spoke with all showed a good knowledge of how to keep people safe. One member of staff said, "I know just what to look for even if people can't always tell me if something is wrong. If I saw or heard anything that concerned me I would go straight to the manager". Another member of staff said, "If I was worried about anything at all I would report it to the manager to make sure it was sorted out".

Risks of abuse to people were reduced because the provider had a robust recruitment procedure. Before commencing work all new staff were checked to make sure they were suitable to work at the home. This included seeking references from previous employers and carrying out a disclosure and barring service (DBS) check. The DBS provides information on prospective staff member's criminal record and their suitability to work with vulnerable people. Staff personnel files showed staff had not commenced work until satisfactory checks had been received.

As part of our inspection we observed how medicines were handled and found people were asked for their consent to take their medication. We looked at the medicine records and found these were all in order and up to date. We discussed the administration of medicines with one member of staff who had completed training and had been assessed as competent to administer medicine and found they understood the correct methods of administering medicine and what to do if an error occurred. This helped ensure people received their medicine safely. We found the records were in order, up to date and the amounts held tallied with the written record. Some people were prescribed medicines, such as pain relief, on an 'as required' basis. These were regularly offered to people to maintain their comfort.

Care plans contained personal emergency evacuation plans to make sure people could be safely assisted to leave the building in the event of an emergency, such as a fire. These plans outlined the equipment that would be required to safely evacuate the person. Visitors were also reminded to sign the visitors book to make sure there was a record of who was in the building should an emergency occur.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw in the support plans there were tools to monitor people's mental health needs and directions for staff to support people who required extra help to manage their behaviour. For example, using distraction techniques such as paper shredding, tidying up and setting tables. This demonstrated that people's needs were recognised, understood and met in the most appropriate way to keep them safe.

Records we reviewed showed that the equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This helped to ensure the safety and well-being of everybody living, working and visiting the home.

Requires Improvement

# Is the service effective?

## Our findings

Comments from people using the service included, "The care is good as long as you are not very demanding". When we explored this further we found that this was in relation to people who were living with dementia who demonstrated behaviour which was perceived as challenging.

We spoke with two members of staff about this and both said more training was needed in relation to good dementia care. We could see within staff files that some staff had been on dementia training although some was with companies they had previously worked for. This meant that training within the home was not consistent and improvement was needed to ensure all staff received the correct level of training to support people effectively in line with their assessed needs.

Staff we spoke with told us they received the support and supervision they required to be able to deliver effective care. Records we reviewed showed there were systems in place to ensure staff received regular supervision and an annual appraisal of their performance.

We looked to see how the home ensured people's nutritional needs were met. A trolley was brought round mid-morning with drinks, biscuits and an assortment of chopped fruit. We noted that some people either needed prompting to remember that they had a snack in front of them or help to eat the snack, and this was only done when the staff came round to clear up the dishes.

We had lunch with the people living at the home to find out the quality of the food and to help us understand the meal time experience. The home had a policy of protected meal times, which means that people's visitors are discouraged from coming around the time meals were served. Protected mealtimes help promote and respect the dignity of people who require support to eat their meals. It was observed that only one person was helped to eat by a dedicated member of staff. Other people who needed help received it intermittently and staff bent over them to assist them, rather than sitting next to them. We found that improvement was needed to ensure people received appropriate support when they needed it.

People we spoke with who used the service said, "There is not much atmosphere at mealtimes, the dining room is nice though and the kitchen staff are great and know what I like and dislike."

Comments about the quality of the food included, "Food is fine but the portions are too big", "No variety at breakfast", "Teas are a bit ordinary, lunches are the best", and, "The fruit snack in a morning is great, very nice indeed." By speaking with people and their relatives and making our own observations, we found that people were happy with the choice and quality of food served at the home. Manchester City Council had carried out a food standards inspection in 2015 and awarded the home a four star rating out of a possible five.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We met a number of people who staff told us were not able to make decisions for themselves and who, in order to be kept as safe as possible, had to have constraints put on their liberty. We spoke with the registered manager and we looked at care files. We saw that best interest reviews had been held and applications made for Deprivation of Liberty authorisations for those that needed them. Staff we spoke with had a good working knowledge of their responsibilities under the Mental Capacity Act 2005.

We looked at whether the environment was suitable for people who were living with dementia. Some bedrooms, although not all, had information boards outside the bedroom door, stating the person's preferred name, information about their work-life, previous hobbies, their favourite colour and on occasion, it was mentioned what they still liked to do. This was a good way of helping people living with dementia to find their own rooms.

People living with dementia can often spend time walking round their living space. A home providing good dementia care will look at ways to facilitate this as well as providing objects of interest to help stimulate people's minds.Throughout the home we saw items such as hats, feather boas and bits of jewellery were available for people to access if they wanted to. We spoke to the registered manager who was keen to improve the service for people who were living with dementia and agreed more work was needed to facilitate this within the home.

We saw the home supported people's holistic health care needs by ensuring they attended regular appointments with GP's, and other health care professionals when needed.  A record of appointments and visits were kept in each person's file. We found this was a good way of enabling the home to maintain an overview of appointments and feedback from other healthcare professionals in order to ensure people received effective care and treatment when needed.

Work had been carried out on the main garden area after consultation with people who used the service and visitors. This had made it more secure and accessible to people living with dementia and with restricted mobility. However, the other courtyard areas that were overlooked by people's rooms had not yet had any work carried out and were very shabby. Comments from people who used the service and staff were, "They resemble dumping grounds", and, "The back courtyard needs sprucing up."

Good

# Is the service caring?

## Our findings

All the people we spoke with stated that the staff were kind and friendly. Comments about them included, "The staff are very obliging", and, "The staff are all very nice people. They make me feel like I'm still worthwhile." One relative told us, "The staff here are really welcoming and accommodating. They have no problem with me having lunch with [my relative] in [their] bedroom."

People were supported by caring staff and we observed staff being kind, patient and caring with people. Throughout the day we saw staff offer reassurances to people who were becoming anxious. The registered manager told us people would be given little jobs to distract them from the things that caused them anxiety. We did not see this during the inspection but staff we spoke with confirmed they used these techniques to help people manage their anxieties.

There was a stable staff team which enabled people to build relationships with the staff who supported them. We heard staff chatting to people about their families which showed that staff had a good knowledge of what mattered to the people they supported.

People's privacy was respected and they were able to spend time alone in their bedrooms if they wished to. People had been encouraged to personalise their rooms with pictures and small items of furniture which gave bedrooms an individual homely feel. One person said "I like to sit in my room, it's my private space and it suits me."

Throughout the day we saw that people moved freely around the home. There was a lounge area and a dining area where people could spend time if they preferred somewhere quiet away from their bedroom.

Staff were aware of the importance of respecting people's confidentiality and did not speak about people in front of others. When they discussed people's care needs with us they did so in a respectful and compassionate way.

There were ways for people to express their views about their care including the care they would like to receive at the end of their life. People's individual wishes were recorded in their care plans. Each person had their care needs reviewed on a regular basis which enabled them and/or their representative to make comments on the care they received and voice their opinions.

During our inspection we saw that people were encouraged to retain as much of their independence as possible. We saw staff assisting people to mobilise around the home whilst allowing them to do as much as they could with minimal assistance. This was a good example of the service respecting and promoting people's independence to increase their sense of wellbeing and confidence.

Many of the people who lived in the home had friends or relatives who could support them to make decisions and to express their views. The registered manager told us she had used the Independent Mental Capacity Advocacy service in the past and information about advocacy services was available in the hallway

for people to read if they wished.

Requires Improvement

# Is the service responsive?

## Our findings

People's care plans contained a section detailing communication with healthcare professionals such as the GP and some care plans contained information on people's life history which gave staff information about the person's life before they moved into the home. Care records also included copies of social service's assessments completed by the social workers who had referred people to the home and these were used to inform people's care plans.

We saw people's care plans were person centred, which is important for people who are unable to tell staff about their needs. However, we did not see any dementia support plans although the care plans did identify people who were living with different types of dementia. Dementia support plans are important because they contain crucial information about the person before they had dementia and how their dementia affects them. Quite often people living with dementia become stuck in a time or place from their past and relate people in the present to those they knew in the past. It is therefore important for staff to know about the people and things which were important to them during their lives as this may be their reality now. All the staff we spoke with, including the registered manager, agreed they wanted to do more to improve the home for people who were living with dementia. This told us the service was committed to making improvements to the dementia care it provided to ensure it was responsive to people's individual needs.

We saw good examples of person centred care and support during the inspection. We noted it was the birthday of one of the people using the service. At lunch time they were presented with a large cake with candles, plus flowers and presents. Staff and the other people in the room sung happy birthday. One person was heard saying, "Ooooh I love birthdays, reminds me of when I was little." The person whose birthday it was clearly happy with the attention and the hugs and kisses they received from the staff. The birthday also created interest with other people in the room as they asked, "I wonder how old they are?"

However during other observations around the home, it was noticed that in the lounge the television was switched on but there was no sound and that instead music was coming from the stereo. The people seen sitting in the lounge area were responding to neither. This was a different experience than what had occurred in the dining room previously. We observed that people enjoyed and responded to direct conversation and stimulation but became disengaged and disinterested without it. For example, we noted in the care plan for one person who was living with dementia, that they enjoyed current affairs and had previously been a teacher. We spent time talking to this person about the news and current affairs. We noted that during our conversation the person was animated and articulate.

At the back of the lounge was an area used for activities. We saw there were a number of books, board games, puzzles and arts and crafts available for people to access, as well as a number of plants which had been potted up ready to go into the garden. An activities co-ordinator was employed by the home but they had been off sick and so we were unable to look at arrangements which had been made to facilitate the activities.

We spoke to the people who used the service about the activities and there was a mixed response.

Comments included, "No I don't go to activities, chair exercises are not my thing", and "A lady came in last week for a couple of hours who was very entertaining". Another person said, "I would like more to do, I get bored and it makes me think that I just want to go to bed and not wake up. We never get to go out".

We found improvement was needed to ensure all people had an opportunity to pursue hobbies and interests which were important to them. These should be recorded and evaluated in people's care plans. We found improvement was also needed to ensure each person had an opportunity to engage in meaningful and stimulating conversations and activities.

We recommend the home accesses best practice guidance to promote the health and wellbeing of people who are living with dementia.

There were meetings for people who lived at the home and their relatives to share information and ask for suggestions for improvements. Records showed they were well attended. The registered manager told us they also spoke with people regularly to get their feedback and invite suggestions. This meant the home was committed to ensuring people were involved in the running of the home and welcomed feedback to improve the service.

The registered provider had a complaints policy. We saw that copies of this were on display in the home. People told us that they would go to the registered manager with any major concern but any staff member would help them with day to day issues. Records showed that where complaints had been made, people had received written feedback on the investigation and an apology, where appropriate. The local authority had not received any complaints about this service and none had been received by the Care Quality Commission. Everyone we asked said they would feel confident to make a complaint if they needed to.

Good

# Is the service well-led?

## Our findings

Staff we spoke with described the culture of the home as being open and friendly. They said that this had not always been the case and the change was due to the new manager. Staff now felt that they could go to the manager with any concerns or to make suggestions. Staff comments included, "[The registered manager] is always happy to hear what we think", and, "[The registered manager] is open to change. Things have definitely improved. There is a much better atmosphere now."

The registered manager had been in post for approximately eight months but was already well respected by staff and people using the service. People we asked said they knew who the registered manager was and were able to name them. This demonstrated the registered manager had spent time getting to know people who lived at the home.

The registered manager had spent time formally and informally seeking people's views, monitoring the day to day practice in the home and carrying out audits of practice. We were told by people and staff that the registered manager was visible in the home and extremely approachable. We noticed that people were comfortable with her when she was out in the main part of the home and were spoke with her in communal areas or the main office.

The registered manager had a clear vision for the home which was to provide individualised care to people and to promote their independence as far as possible. These vision and values were communicated to staff through staff meetings and formal one to one supervisions. Discussions with staff and people showed these values had been understood and put into practice. One member of staff said, "This is now a great place to work, I love my job, [the registered manager] is good, the team works well with her in charge."

Staff were well supported which enabled them to provide a good standard of care to people. All staff had regular supervision with a more senior member of staff which was an opportunity to share ideas and request additional training to enhance their skills and knowledge.

There were formal quality assurance systems which monitored standards and encouraged on going improvements. Various audits were carried out to maintain people's safety and welfare. These included conversations with people, auditing records, regular health and safety checks and medicine audits. This meant the registered manager had good oversight of the quality of the service and was also able to make improvements when needed.

For example progress against action plans was checked by the registered manager on a monthly basis. The current action plan included completing observations of staff competency in administering medication to make sure people continued to receive their medicines safely.

All accidents and incidents which occurred in the home were recorded and analysed by the registered manager and the provider. There was sufficient information to enable any trends or patterns to be identified and concerns about specific people to be addressed. For example when a person had a fall increased

monitoring and observation was put in place when they were in their room. This ensured the safety and wellbeing of the people living at the home.

The registered manager had the skills and experience required to manage the home. They kept their skills and knowledge up to date by on going training and networking with other managers and colleagues within the provider's services.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.