Abbeyfield Loughborough Society Limited

Abbeyfield Loughborough Society

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on the 20 November 2014 and was unannounced.

Abbeyfield Loughborough Society provides accommodation for persons requiring personal care for up to 31 older people. There were 29 people using the service at the time of our inspection. The home is located in a residential area of Loughborough.

There was a registered manager in post. 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.

Summary of findings

People were not always safe because some people had to wait for staff to attend to them. Staff knew how to recognise abuse and what action take if they suspected this. Risks were assessed and risk management plans were in place to protect people from harm. Staff managed people's medicine in a safe way.

Staff received the training and support they required to meet the needs of people who used the service. People were supported to eat and drink sufficient amounts and were given choice. Staff managed people's medicine in a safe way.

People told us and we saw that staff were kind, caring and respectful. Staff knew about people's needs and the way they preferred to be supported. People were able to pursue their hobbies and interests. There was a full and varied range of activities on offer. Staff spent time with people and supported them to take part in activities.

The culture was positive and empowering. Staff knew what was expected of them and the quality of service provision was monitored. Where audits identified risk or shortfalls, action was taken to reduce further risk and improve the quality of the service.

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 not consistently safe.

Some people had sometimes had wait for staff to attend to them.

Staff knew how to protect people from harm and abuse and knew what to do if they suspected abuse.

People's medicines were managed in a safe way.

Requires Improvement

Is the service effective?
The service was effective.

People were cared for by staff who knew how to meet their needs because they had received training and were supported.

Consent to care and support was obtained in line with legislation and guidance.

People enjoyed a balanced diet and were provided with sufficient amounts to eat and drink. Staff understood the individual and dementia related nutritional needs of people.

Good

Is the service caring?
The service was caring.

Staff were kind and respectful to people who used the service.

Staff knew about people's needs, personal histories and preferences.

People were involved in making decisions about their care and support.

Good

Is the service responsive?
The service was responsive.

People were able to follow their interests and hobbies and there was a full and varied programme of activities.

Complaints were investigated and action was taken to resolve any issues.

Good

Is the service well-led?
The service was well led.

Staff were motivated and understood their roles. The management culture was open and empowering.

Quality assurance systems were effective and used for improvement.

Good

Abbeyfield Loughborough Society

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 20 November 2014 and was unannounced. The inspection team consisted of two CQC inspectors.

Before our inspection we looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the requirements of the five key questions. We also reviewed historical data we held including safeguarding and statutory notifications. These are incidents which the provider must inform us about.

We used a variety of methods to inspect the home. We spoke with five people living there, four relatives, six members of staff, and a registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked in detail at four people's care records.

Requires Improvement

Is the service safe?

Our findings

Some of the people using the service and the relatives we talked with said they felt there were not enough staff to provide the care and attention people required. One said, "Individual staff are very good but there is not enough of them." Another said "Staffing is a bit hit and miss and staff are very thin on the ground at the weekend." One relative told of occasions when they had pressed the call bell for the person and they had waited over 30 minutes for a response.

Most of the people we talked with said they often had to wait a long time when they rang the call bell. A member of staff told us they would have liked more time to be able to interact with the people and provide more activities but they felt there were enough staff to provide a safe level of care

The provider was monitoring call bell response times and within the previous week there had been one wait of 24 minutes and ten of 15 minutes. In the previous 24 hours most responses had been within 5 minutes but two had been 13 minutes. We spoke with the registered manager about this. They told us the call bell log may not have been an accurate reflection and were speaking to staff to ensure that the call bell was switched off as soon as they entered the room. They also told us that staffing numbers were reviewed at least once a month and would be reviewed again.

Safe recruitment practices were followed. Records showed that pre-employment checks were carried out before an offer of employment was made. This meant that in so far as possible, only people who were suitable and of good character were employed

People told us they felt safe living at the home and with the staff who supported them. The provider had systems in place to make sure they were protected from abuse and avoidable harm. Staff had received training about protecting people from abuse. They were able to identify the signs of abuse and the action they would take if they had a cause for concern. They said they had completed safeguarding training as part of induction and mandatory training. Records showed that all staff had received training about this.

We looked in detail at care records for four people who used the service. Staff assessed people's risk of developing pressure sores, malnutrition and falling. Management plans were in place where risk was identified. For example, one person had a high risk of developing pressure sores. Appropriate pressure reliving equipment was being used and staff encouraged the person to change their position regularly to reduce the risk. Assistive technology was used to alert staff when people got up out of bed where this was required. There was a member of staff in the lounge area at all times to monitor people who required this in order to keep them safe.

Staff kept records of all accidents and incidents. Records showed that accidents and incidents had been analysed. For example, the registered manager carried out a falls audit. Action plans were in place so that further risk was reduced. The premises and equipment were managed by the property and maintenance department. Routine checks and maintenance work were carried out so that the premises and equipment were as safe as possible for people who used the service, staff and visitors. We saw that the premises were decorated and maintained to a high standard.

Staff responsible for managing people's medicines had received training and had their competency assessed. Medicines were managed so that people received them in a safe way and they were safely stored and disposed of. We observed that medicines due to be given at 8am were still being given at 11am. We spoke with staff about this because we were worried about the spacing between medicines. We were informed that 'time specific' medicines and those that required at least four hours between doses were given first and then medicines only prescribed one a day or twice a day were given last to avoid this issue.

Good

Is the service effective?

Our findings

Relatives we spoke with said that staff knew how to provide care and support. One relative told us that staff appeared to be well trained and they understood the needs of the people using the service. They said they were confident in the level of care provided and knew their relative was well looked after and happy.

Staff also told us they received the training and support they required to do their jobs. They had supervision with their line managers. This meant staff had opportunities to meet with their line manager to discuss their learning and development needs so that they could care for and support people effectively. There was an on-going programme of training for all staff. Induction training was provided when staff first commenced working at the home. This meant that staff were made aware of the provider's policies and procedures and about best practice guidance within the sector. One member of staff we talked with had commenced employment within the last six months. They described their induction which included shadowing an experienced carer and essential training. They said they felt well prepared and supported to provide a good standard of care.

Staff were able to describe the ways they obtained consent and offered people choice. We saw that people had their mental capacity assessed. Having mental capacity means being able to make decisions about everyday things like what to wear or more important decisions like agreeing to medical treatment. The Mental Capacity Act 2005 (MCA) sets out how to act to support people who do not have capacity to make a specific decision. The provider had policies and procedures in place about the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Some people had to have their liberty deprived in order to keep them safe. We saw that staff had followed the correct procedures and legislation. This meant that people only had their liberty deprived following a best interest decision and authorisation from the DoLS team. .Staff we spoke with demonstrated an awareness of the MCA and DoLS.

We observed the lunchtime meal. Several people were assisted by their relatives. A selection of drinks were offered prior to the meal and these were topped up during the meal. There were two choices of main course and people were shown both options to enable them to identify their preference. This was helpful to people who had difficulty with communication. A range of adapted utensils were utilised to enable people to eat and drink independently. The staff (including the chef) knew about people's preferences and special dietary needs.

We were told there was a two week menu rotation at the time of our inspection but they were moving towards a four week rotation. Staff were in the process of reviewing the menus and we were shown a questionnaire that was being used to enable people using the service to identify their preferences. Several people required assistance with their meals and we saw that staff sat with the person at their level, explained what the food was and assisted the person sensitively. We also observed staff noticed when a person who was able to feed themselves had not eaten anything and saw them encouraging the person to eat.

Food and fluid charts were completed and provided a record of the food and drink offered and the amount consumed. This meant that staff could check to see if people had consumed sufficient amounts of food and fluids through the day. People had their risk of malnutrition assessed and where risk was identified appropriate management plans were in place.

All the relatives we spoke with said that staff were alert to changes in their relatives' condition and they acted promptly and kept them informed. A relative said the contact with the doctor was excellent, the staff had had to ask the doctor to visit for their relative and they had informed them of the visit and the outcome. We saw that community nurses were visiting people to provide nursing care where this was required. Records showed that people had access to doctors and other healthcare professionals when required.

Good

Is the service caring?

Our findings

All the people using the service and the relative we talked with told us staff were kind and caring. One person said, “On the whole I think I am cared for the best I can be.” A relative said, “The staff are very good. There are always two people to attend (the person) and staff have a laugh and joke with people”. We observed staff interacting with people who used the service. Staff were kind and helpful and knew the most effective way to communicate with people. We observed staff chatting with the people using the service in a positive manner and involving them in conversations.

Staff knew about people’s individual needs and we saw that care and support was delivered in a person focused way. Staff had access to a list of commonly used phrases for a person whose first language was not English.

Staff we spoke were able to demonstrate a good understanding of dementia care. Staff knew that certain behaviours could be interpreted as a way of communicating needs. They explained how they would try and find the need that may be triggering the behaviour. When asked what they were most proud of, a staff member said they were proud of how happy people generally were. Staff also said they would be happy for any of their loved ones to use the service should they need to.

A relative told us, “There is always a friendly atmosphere.” Another relative said staff were very caring and empathetic. They said they had never noticed staff being impatient and they “genuinely seem to care.” They said their relative was very happy at the home.

People told us their care needs had been discussed with them when they first came to the service and they felt they were involved in decisions about their care. We observed staff giving people choices and involving them in decisions. For example, staff offered people a choice of activities and knew about the things that were important to the person and the things they liked to do. One relative mentioned a new activities coordinator had been appointed and they found her very caring and always let them know of the activities the person had been involved in.

Relatives support meetings were held every three months so that people’s views could be sought and any changes communicated. The provider had arranged meetings for relatives with a dementia care specialist. Information about dementia care was given to relatives so that they could better understand their relatives experience and the way staff responded to people’s dementia need.

People had their privacy and dignity protected and promoted. Staff knocked on people’s doors before entering, explained what they were planning to do and checked this was acceptable before providing care. They said they closed the door and curtains prior to giving care and covered the person as much as possible. The people we talked with confirmed this was the case and during the visit we observed staff knocking on people’s doors and checking their requirements and preferences. The provider had policies in place about protecting people’s confidentiality, privacy and dignity and staff knew what to do.

Good

Is the service responsive?

Our findings

People had their needs assessed and a plan of care was in place for each assessed need. We looked in detail at plans of care for four people. These were detailed and recorded the preferences of people and the way they preferred to receive care and support. People's preferred daily routines and communication needs were recorded. For example, one person did not like too much food on their plate. For another person it was important they were approached from the left hand side because of their eye sight. We saw that actions identified in the care plans were implemented. At the time of our visit care records were being updated so not every plan of care was fully up to date but staff knew about people's individual needs and preferences. We saw that staff communicated with people effectively and engaged them in activities they enjoyed. Staff told us that information about each person was handed over at the end of every shift to staff on the next shift. They said that they were told about any changes and actions they needed to take.

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Care records were focused on people's preferences and contained specific details about how they liked to be supported. For example, a plan of care recorded a person liked a particular type of night wear. The person's preferred bedtime routine was recorded. Another person preferred to get up late in the morning and staff respected this. Information about people's life histories was recorded. This helped staff to know the person and the things that were important to them .Life history meetings with people's relatives were held so that staff could gather as much information about the person as possible.

A relative told us their relative's ability to join in activities was limited but staff encouraged them to participate and they tried to include activities all could participate in. We saw that people were busy either chatting to staff or with an activity task throughout the day of our inspection.

A member of staff responsible for providing social and recreational activities was on duty seven days a week. This staff member had received training about dementia and activities and had access to the resources they required such as reminiscence materials. Reminiscence is known to be beneficial for people with dementia and can be used to engage people in conversations and activities that were meaningful to the person. We saw that care staff also used reminiscence as a way of engaging people. Objects such as an old fashioned wash board and police helmet were displayed in the communal areas and there was a set of reminiscence cards to prompt discussions about people's life experiences. Craft based activities and games were also provided

The environment had been suitably adapted to meet the needs of people with dementia. People's doors were colour coded and signage was pictorial. This helped people to orientate themselves around the building. There was also an orientation board to inform people of the day and date. The staff member responsible for activities also managed a team of volunteers. During our visit a group of young adults from a local school visited to play a game of bowling with people who used the service.

All the people we spoke with told us they knew how to make a complaint. They said written information had been provided about this. A relative said that whenever they had raised an issue of concern, it had been responded to straight away. Records of all complaints, concerns and compliments were maintained. We saw that staff had responded to complaints in a timely way and had taken appropriate action in response. Complaints and concerns had been used as an opportunity for learning and improvement. For example, there had been a concern about catheter care. The registered manager had arranged additional training for staff about catheter care.

Good

Is the service well-led?

Our findings

A relative said they came in daily and saw the manager "most days" and she would ask if they were happy with everything. One of the staff we talked with said the manager did a walk around each day to check on the care provided and often helped when they were particularly busy. Another person said the managers were, "Brilliant." They said that if they had a problem they could knock on the door and they did their best to make themselves available.

There were regular staff meetings and a notice was put up for staff to write a list of things they wanted to be included at the meeting. Staff said they enjoyed working at the home and they worked well together as a team. One staff member said, "I really like it here. It is a nice team and we all help each other out." A relative told us that resident's meetings were held regularly and everyone was allowed to express an opinion. Staff knew about the whistle blowing policy. They said they could approach the management team at any time and about any issue. They felt sure they would be listened to.

Staff were enthusiastic, motivated and proud of the work they did. A monthly news bulletin was sent out to people who used the service and their relatives so that people who used the service, their relatives and staff so they could be updated about any changes or forthcoming events.

People were consulted about the development of the service. For example, the provider felt that if staff did not wear uniforms this would break down barriers between staff and people who used the service. Relatives were consulted about this and asked to vote on this issue. The result was that more than half of people asked said they preferred staff not wear uniform and this was then implemented.

The registered manager was aware of their responsibilities to notify the CQC and other authorities of certain incidents and events such as safeguarding concerns or deaths. Monthly board meetings were held to discuss the development of the service and any issues of concern arising. The quality of service provision was monitored by asking people for their feedback. An annual satisfaction questionnaire was sent to people and audits were carried out throughout the year.

Board members participated in the audit process and also attended family meetings. We saw that action plans were developed as the result of audits so that the service could learn and improve. For example the medicines audit showed that improvements were required and these were implemented including the purchasing of new equipment. The property and maintenance department were in the process of succession planning in readiness for the impending retirement of an experienced member of this team. This showed that they were planning ahead and ensuring the team had the resources they required in this area to properly manage the premises and keep people who used the service and others safe and comfortable.