

Abbey Village Limited

Abbey Village

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?

Requires improvement 

Overall summary

Abbey Village is a residential care home centrally located in the market town of Brigg in North Lincolnshire. The service is registered with the Care Quality Commission (CQC) to provide residential care and accommodation for up to 34 people. At the time of our inspection the service was supporting 31 people to live at Abbey Village; three of these people were accessing the service for respite.

The service provides support for older people or people living with dementia related conditions. The service is provided on one level and divided into smaller areas named The Ash, The Beech, The Elm, The Cedar and The

Downey Birch. The service provides a number of communal lounge areas, a sun room, a large dining room, a kitchen, bathroom and toilet facilities, on site car parking and large outdoor garden space.

This inspection took place on 27 November 2015 and was unannounced. The service was last inspected on 1 May 2013 and was found to be compliant with the regulations inspected at that time.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood the principles of safeguarding vulnerable people and knew how to report potential abuse. People told us they felt safe living at the service and that staff were caring and listened to them.

We found there were sufficient numbers of staff to effectively support people and they had been recruited in a safe way with appropriate checks carried out to ensure they were suitable to work with vulnerable people.

Staff had good knowledge and an understanding of the needs of the people who used the service. Staff received supervision and said they felt well supported by their colleagues and the registered manager. We observed that staff spoke in a positive way with people and treated them with respect. Staff and the people who used the service interacted in a positive way and observations showed good relationships between them.

People who used the service participated in a range of activities, including days out to the seaside. The

registered manager and staff understood the Mental Capacity Act 2005 (MCA) legislation and we saw that applications, where required, had been submitted in respect of people being deprived of their liberty.

The registered manager promoted an open door policy and staff said they felt well supported and it was a nice place to work.

Care records contained risk assessments along with information about their life history and medical conditions. Family and friends were encouraged to visit the service at any time. The service asked for feedback from people in order to make improvements when required.

We found the service required improvements to one of the five key areas we inspected. Audits within the service were not as robust as they could have been but the registered manager had recognised this and systems were in place to improve this.

We made a recommendation to the registered provider about making improvements to the recording and auditing of systems throughout 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 safe.

Staff had received training and could recognise signs of potential abuse and knew how to appropriately report it.

Staff were provided in sufficient numbers and had been recruited safely.

Medication was stored, recorded and administered safely in line with current guidance.

Good



Is the service effective?

The service was effective.

Staff had completed a range of training which enabled them to meet people's needs effectively.

Staff understood the need to gain consent from people before care and treatment was provided and the registered manager ensured current legislation was followed.

People were supported to access health services when required.

Good



Is the service caring?

The service was caring.

People were cared for by staff who were kind, caring and attentive.

Staff understood people's needs and preferences and people were treated with dignity and respect.

People were involved in the planning and delivery of their care when possible.

Good



Is the service responsive?

The service was responsive.

People's care was reviewed regularly to ensure they received the most appropriate support to meet their needs.

Staff encouraged people to participate in activities within the service and wider community. People were supported to maintain relationships with their family and friends.

A complaints policy was in place which enabled people to raise any concerns they had.

Good



Is the service well-led?

The service was not always well led.

Requires improvement



Summary of findings

Audits and recording within the service was not as robust as they could have been.

Staff told us the registered manager was approachable and supportive.

People and their relatives were asked their views and opinions about the service to assist with any improvements that were required or make changes when needed.

The registered manager had made statutory notifications to the Care Quality Commission in a timely manner.

Abbey Village

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 registered 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 27 November 2015 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection we contacted the local authority safeguarding and performance teams to ask them for their views on the service and whether they had any on-going concerns.

We checked our records to see what notifications had been sent to us by the registered provider. This showed us how they had responded to accidents and incidents that affected the people who used the service.

We used the 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.

During the inspection we spoke with eight people who used the service and four relatives. We spoke with five staff including the registered manager, seniors, care staff and the cook. We spent time observing the interactions between the people who used the service, relatives and staff in the communal areas and during mealtimes.

We looked at four care records which belonged to people who used the service. We also looked at other important documentation relating to people who used the service, such as incident and accident records and medicines administration records (MARs). We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make important decisions on their behalf.

We looked at documentation relating to the management and operation of the service. These included four staff recruitment files, training records, staff rotas, minutes of meetings with staff and people who used the service, quality assurance audits, complaints management, cleaning schedules and maintenance of equipment records. We also undertook a tour of the building and outdoor premises.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at the service. Comments included, “I’m safer now than I’ve ever been”, “The staff check on me and make sure I’m ok” and “The staff keep me safe now I’m living here.”

A relative also told us, “I have no worries now [person’s name] is here. It’s always hard to come to terms with when a loved one has to come into a home but it a lovely place and the care is second to none.”

During the inspection we saw there were sufficient numbers of staff to meet people’s needs. We saw staff were on hand to chat with people and answer call bells promptly. We observed numerous calls bells ringing at different times during the inspection and no one was waiting more than three minutes for them to be answered.

The registered provider had policies and procedures in place to guide staff when reporting concerns about the safeguarding of vulnerable adults from abuse (SOVA). Staff we spoke to could describe different types of abuse and were confident in identifying possible signs of neglect or abuse. They also knew the procedure to follow if they needed to raise a safeguarding concern. Training records confirmed that staff who worked at the service had completed safeguarding adults training. One staff member told us, “We all received safeguarding training here so I know how to recognise signs of abuse and I’d definitely report it.”

The service had a whistleblowing policy in place for staff to raise any concerns they had about the service. The staff we spoke to confirmed they were familiar with the policy and would use it if they needed to. The registered manager was aware of the requirement to inform the Care Quality Commission (CQC) of all safeguarding incidents and our records showed that notifications had been made in a timely way.

We saw accidents and incidents that happened within the service had been documented appropriately and were reviewed on a monthly basis to identify any patterns or triggers. This meant that learning and any training needs for the staff team could be identified improvements to on-going practice be made.

The care records we looked at contained risk assessments identifying any potential risk for people who used the

service. Risk assessments were in place for breathing, falls, eating and drinking and medication. We saw that risk assessments were reviewed but the date of when the review had taken place was not always recorded. We spoke with the registered manager about this and they told us they had identified that recording of some information was not always consistent and were in the process of developing an action plan to improve general recording and auditing.

The service had completed environmental risk assessments which ensured people who lived at the service were supported in a safe and well maintain environment. Emergency lighting, gas systems, moving and handling equipment, water systems and electrical wiring were all checked and serviced on a regular basis. We saw the service had a continuity plan in place which informed staff what to do in an emergency and provided details of who to contact. The service had an emergency response box which was located in the entrance to the service. This provided staff with information on what to do in cases of a fire or flood. The response box also contained personal emergency evacuation plans (PEEP) for all the people who used the service.

We looked at the recruitment files of four staff who worked at the service and saw that safe recruitment practices had been followed. The files contained completed application forms, interview questions, references, training certificates, induction form and Disclosure and Barring Service (DBS) checks. A DBS check was completed during the staff recruitment stage to ascertain whether or not an individual is suitable to work with vulnerable adults. A member of staff told us, “I couldn’t start work here until all of my checks had been cleared to show I was safe to work with the vulnerable client group.”

We looked at how medicines were managed at the service and observed part of a medication round. Records showed us that staff had received appropriate training which was refreshed annually. Medication was stored in a locked room and administered from a medication trolley. We checked the medication administration records (MARs) and saw that they had been completed accurately with signatures from staff members when medication had been given. Medicines were stored safely and ordered in a timely way so that people did not run out of them. Records showed staff checked the medication fridge temperature on a daily basis.

Is the service safe?

We noticed that the medication room temperature was not checked or recorded on a regular basis. We crossed checked a sample of medication and we found that one person's medication had two tablets that were unaccounted for. We spoke to the registered manager about this who confirmed they would carry out an audit of medication and hold discussions with staff who administer medication. Since the inspection the registered manager has informed us the medication room temperatures are now been recorded on a daily basis. They have also confirmed that all senior staff responsible for administering medication are to complete medication and competency of administering medication refresher training.

The service was clean and well maintained throughout. The areas which had been refurbished were modern and bright and decorated to a high standard. We did note one of the carpets in the corridor leading to the dining room was worn and stained. We spoke with the registered manager about this who confirmed a programme of refurbishment was ongoing and this included replacing the carpets and flooring throughout the service. One person who used the service told us, "They're doing it up lovely it must be costing a bit."

Is the service effective?

Our findings

People who used the service told us positive things about the food and drink available. Comments included, “Lovely food and plenty of choice”, “Excellent meals served here”, “The food is top class” and “The food is excellent, you can’t fault it, there’s plenty of it and they offer you more if you want it.”

People were supported and encouraged to follow a nutritious diet. The dietary needs of the people who used the service were assessed and documented within their care records. We saw the service had a weekly menu which offered a choice of meals, however the menu was not on display on the day of our inspection. We spoke to the registered manager about this who said the chef must have forgotten to complete the menu board and said they would speak to the chef to make sure this was done daily.

During lunchtime we saw the chef used a large serving trolley which they brought into the dining room and used it to serve the meals from. This enabled the chef to clarify with each person what they wanted and provided positive interactions with the chef and people using the service. The dining room had tables set with table cloths, cutlery and condiments. People were offered a choice of drinks and the atmosphere was pleasant. We saw people engaged in conversation, making jokes and background music was playing.

During our inspection we observed that staff asked people for their consent before medication was given or personal care was completed. The care records we looked at had consent forms in place which people had signed, when they had the ability to do so. 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 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. We found the registered provider had appropriately submitted applications to the ‘Supervisory Body’ for authority to deprive specific people of their liberty. We found that two people had a DoLS authorisation in place and a number of applications were still awaiting a decision to be made. The registered manager and the staff we spoke with understood the principles of the MCA and DoLS and staff had completed training in this subject to further develop their understanding.

The service had systems in place which recorded what training staff had completed and when it needed to be updated. One staff member told us, “The training is good here and we were always invited to do more to make sure our knowledge and skills are kept updated.” The training matrix showed staff had completed training in key areas including health and safety, moving and handling, dementia, fire safety and infection control. Our observations showed staff had a good knowledge and understanding of how to support the people who used the service. We asked people if they felt the staff were well trained and knowledgeable. Comments included, “Some know what they’re doing more than others but I suppose you have to learn”, “They certainly appear well trained from what I’ve seen” and “They support me well and that’s all that matters.”

Newly recruited staff received an induction before they commenced their role at the service. The induction consisted of shadowing and evaluations of staff skills and competencies. One staff member told us, “I had a four day induction of shadowing; getting to know people’s needs and key training before I properly started.”

The service had a supervision police in place which recommended supervision should be held every 2 months. The records we looked at showed supervision had taken place but occasionally it happened less frequently than every two months. Staff we spoke with told us they received supervision and could speak with the registered manager at any time if needed. We spoke with the registered manager about staff supervision who confirmed sometimes this did not always happen as regularly as planned but they had developed an action plan to ensure this shortfall was addressed and scheduled to take place regularly starting in the new year. Records showed that staff received annual appraisals of their skills; these were last

Is the service effective?

completed in March 2015. The registered manager told us appraisals assisted staff to review their practice and set targets and goals for their ongoing development at the service.

The care records we looked at showed people living at the service were supported to maintain their health and wellbeing and had access to health care services when required. There was evidence that people had attended hospital or GP appointments when needed. These visits had been recorded with any actions or outcomes also documented. One relative told us, "If something is wrong or not quite right with [relative's name] they seek medical

attention straight away." During our inspection we saw a number of healthcare professionals at the service and the service provided a medical room which these professionals could use for more privacy.

The environment was clean and tidy and the ongoing refurbishment was being completed with consideration for a dementia friendly environment. People's bedroom doors had photos or memory boxes displayed on the wall outside. The service displayed clear signage so that people could navigate their way around the service and the building was accessible to allow people using wheelchairs and walking frames to easily move around the building.

Is the service caring?

Our findings

People told us staff were kind and caring toward them. Comments included, “They are lovely [staff] they are like part of the family”, “They listen and always look out for me” and “Couldn’t find a nicer group of people to look after me.” Relatives comments included, “I have nothing to worry about when I leave my [person’s name] here, staff are brilliant” and “Very impressed with the staff and their commitment towards the people they care for. They’re always welcoming and a credit to Abbey Village.”

We saw positive interactions between staff and people who used the service. Our observations showed the staff knew the people they supported well and there was a relaxed feeling throughout the service. We heard lots of laughter and conversations taking place and staff used encouraging words to motivate people and help them to be independent where possible. We saw people walking around the building and engaging in different conversations and we heard staff asking people how they were, about their family and if they were looking forward to Christmas.

The registered manager told us they were responsive toward supporting the diverse needs of the people who used the service. We saw that one person had strong religious beliefs and the service supported this by welcoming in the local reverend to provide communion. Training records confirmed staff working at the service had completed equality and diversity training to enable them to support people with diverse needs.

We observed staff were quick to respond when people required assistance or showed signs of distress. We saw one person was very upset and distressed during the inspection. Staff responded in a sensitive way, offered reassurance and stayed with them until they felt better. We saw staff were respectful to people’s needs and provided full explanations prior to tasks being completed. We saw staff promoted people’s privacy and dignity by knocking on bedroom doors prior to entering, ensuring toilet and bathroom doors were closed when in use and that people were appropriately dressed after using the bathroom. One staff member told us, “We’ve had dignity training and its little things like, always knock before entering and cover people with a sheet or towel.” A relative told us, “The appearance and how [person name] looks has always been important and staff respect this and make sure [person’s name] is clean, neat and tidy.”

During the inspection we saw a number of visitors at the service. The registered manager told us there were no restrictions on visiting times. They confirmed that visitors were welcomed into the service at any time. One visitor told us, “I come and go when I want, I’m always welcomed and offered a drink, it’s like home from home.”

The service had systems in place to ensure people’s private and confidential information were held securely. Records were kept securely within the registered manager’s office or held electronically on a password protected computer system. People’s care files were accessible to staff only and were locked away when not in use. Training records showed that staff working at the service had completed confidentiality training.

Is the service responsive?

Our findings

People we spoke with told us they were asked whether they wished to participate in a range of different activities at the service. Comments included, “There is always something happening”, “They ask me to take part in things, I don’t always like to but they always ask” and “I went for a day out to the seaside that was nice.”

The service employed an activities co-ordinator who was responsible for organising all of the activities and events happening at the service. The registered manager told us they consulted with people and ask them what they would like to do at the resident meetings and an activity schedule was developed from the feedback provided. One relative told us, “They have the pictures up so you can see what they’ve been doing, I’ve often visited and they’re playing cards, dominos or games.”

The service produced activity books which contained photos and descriptions of what events had taken place. We saw this included crosswords, singers, bingo, quizzes, church service’s and craft activities. The registered provider had in place transport available for activities and we saw day trips out to a local farm and the seaside had taken place. A staff member told us, “We’re just organising Christmas events at the moment, we’ve got a carol service and Christmas party sorted out so far.”

The care records we looked at contained personal information about people’s preferences, however they were not personalised with photos and some of the information was hard to locate. We discussed this with the registered manager who confirmed they were in the process of updating the records to make them more person-centred. Since the inspection the registered manager has sent us a copy of one of the updated care records to demonstrate the improvement that have been made in making the care records more personalised.

We saw a pre-assessment had been completed prior to people moving in to the service. This ensured that people’s needs could be supported in an appropriate environment. People were included, where possible, in the planning of their care. We saw evidence in care records when reviews had been held people and their loved ones or representatives had been included in these. People’s health and wellbeing was monitored daily and staff recorded changes in their needs or behaviours.

We saw the service had a complaints procedure in place and there was information on how to make a complaint displayed at the entrance. We reviewed the complaints file and saw it contained a copy of the individual complaint, a copy of the response and any further actions or meetings held to resolve the issue. This ensured a clear audit trail was in place at the service. The registered manager said they used the outcomes from any complaints to improve the service and make necessary changes where needed.

The people we spoke with told us they could make choices about their lives and staff encouraged them to do so. One person said, “I get to choose what I want for my meals, what I want to do during the day and what I wear, I’m in control.” Staff said they offered choices about activities, meals and what time people got up and went to bed. We saw 11 people sat in the lounge after lunch enjoying tea and biscuits. A member of staff asked them whether they would like music on, to which they responded yes. The staff member asked people which CD they would like on. One person said, “As long as it’s not loud it will be fine.” The member of staff chose age appropriate music and people were clearly happy with this choice and began to sing. One person said, “I like this.”

Is the service well-led?

Our findings

People told us they were asked their views about the service and were kept updated with any changes happening. Comments included, “We have these meetings where they ask us if we want to change anything, sometimes things change sometime they don’t”, “We get to say what we think and I think they [staff] listen” and “If I tell them I want something different on the menu they normally get it done.”

The service had systems in place which collected the views of people, their relatives and staff. We saw staff meetings were held at least three times per year and meetings were held every three months for people who used the service. These meetings were planned in advance and advertised on the information board, to enable people to see when they were planned. On the day of our inspection a residents meeting and a staff meeting was taking place which was well attended.

The service was led by a registered manager who was registered with the CQC. The registered manager told us they had worked their way up within the service from when they started as a carer. They told us this enabled them to understand the challenges that faced the service but promoted a supportive working environment. The registered manager had a hands on approach and said they would support, “On the floor” if this was required.

Staff we spoke with were very complimentary about the leadership at the service. One staff member told us, “Our manager is a good leader and very supportive, both with work things and personally if needed. Staff said they could speak to the manager about anything. A member of staff said, “I trust my manager implicitly.” Staff told us the registered manager promoted a fair and open culture and that they were aware of their roles and responsibilities and worked well together as a team. A relative told us, “It’s a good team working here, they do what’s best for the people living here and the manager, well you couldn’t ask for a nicer person.”

The service had a statement of purpose which set out the objectives of Abbey Village. This document stated that the

residents shall live in a clean, comfortable and safe environment, and be treated with respect and sensitivity to their individual needs and abilities. We saw that staff followed the principals of the statement of purpose throughout their practice.

The registered manager attended meetings and training sessions with the local authority to ensure their practice and knowledge was kept updated. This information was then shared with the staff at team meetings and supervision sessions. A professional we spoke with during the inspection told us the service was always welcoming and although it was busy the manager and staff did a good job at making sure the people were well looked after.

One of the responsibilities of a registered manager requires them to notify the CQC of any accidents, incidents and other significant events that occur at the service. The registered manager had notified the CQC of such events in a timely way. This meant we could check that appropriate action had been taken within the service.

We saw audits took place at the service to ensure it was safe and effective. Audits were in place to cover a range of different elements of the service which included medication, equipment, cleaning and the environment. Accident and incidents records were audited on a monthly basis so that the registered provider could identify any patterns and make improvements where needed. Most of the other audits within the service were scheduled to take place on a monthly basis. Records we looked at showed on some months audits had not been completed or recorded. For example, the medication audit was last documented to have taken place in August 2015. We spoke with the registered manager about this who told us although audits had taken place, the recording systems were not as robust as they should have been. The registered manager told us they were currently working with the registered provider to develop an action plan to ensure standards in recording were improved across the service.

We recommend that the registered provider makes improvements to their recording and auditing systems throughout the service and follows their action plan.